

Name
in
Full

Katherine M E Ackerman

CERTIFICATE OF DEATH

Died at ^{Town} Gardenville^{County} Balto

MARYLAND

Date of death 1907 ^{Month} December ^{Day} 24th ^{Age} ^{Years} 4 ^{Months} ^{Days} 3Sex Female ^{Color or Race} White ^{Birth-place} Gardenville Balto Co Md^{Occupation} none ^{Where Residing if not at place of death}^{Married, Single or Widowed} Single ^{Name of Wife or Husband}^{Father's Name} Edward Ackerman^{Father's Birthplace} Balto Co^{Mother's Maiden Name} Mary E Rever^{Mother's Birthplace} Balto Co^{Name of person giving information} Edward Ackerman^{How related to deceased} Father

CAUSES OF DEATH

(61)

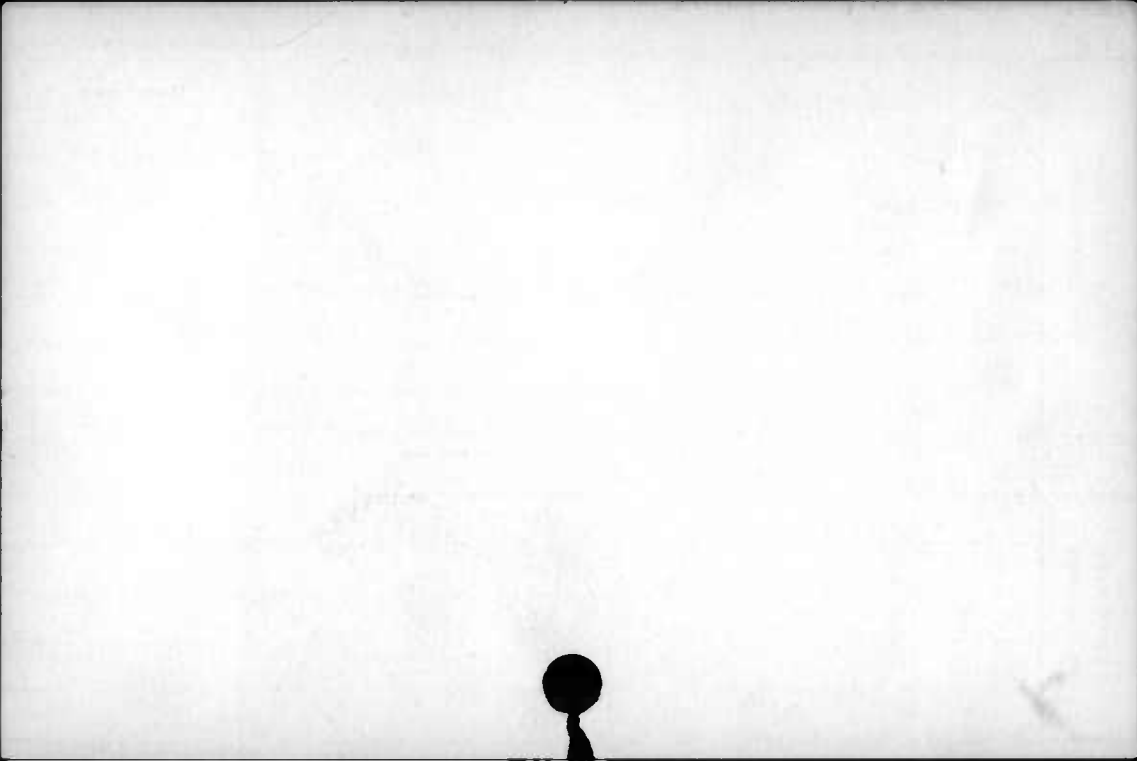
^{Primary} Acute Meningitis^{How long} one day^{Immediate} Cholera^{How long} one day

Are the name, age, sex, color, date and place correctly given above? yes

^{Signature of Physician} J. S. Stoner^{Address} 1504 E Eyer St
Baltimore

Accident or Suicide? no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Thomas L. Allender

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Glyndon* Town

County

Balto

Date

of death | 907

Month

Dec

Day

12

Age

Years

85

Months

Days

Sex

*Male*Color or
Race*white*Birth-
place*Balto co Md*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*widower*Name of Wife or
Husband*Rebecca Allender*Father's
Name*William Allender*Father's
Birthplace*don't know*Mother's
Maiden Name*Don't Know (Unknown)*Mother's
Birthplace*l l l*Name of person giving
In formation*Robert Allender*How related
to deceased*Son*

CAUSES OF DEATH

Primary

*Senile Decay**(154)*

How long

several years

Immediate

cardiac failure

How long

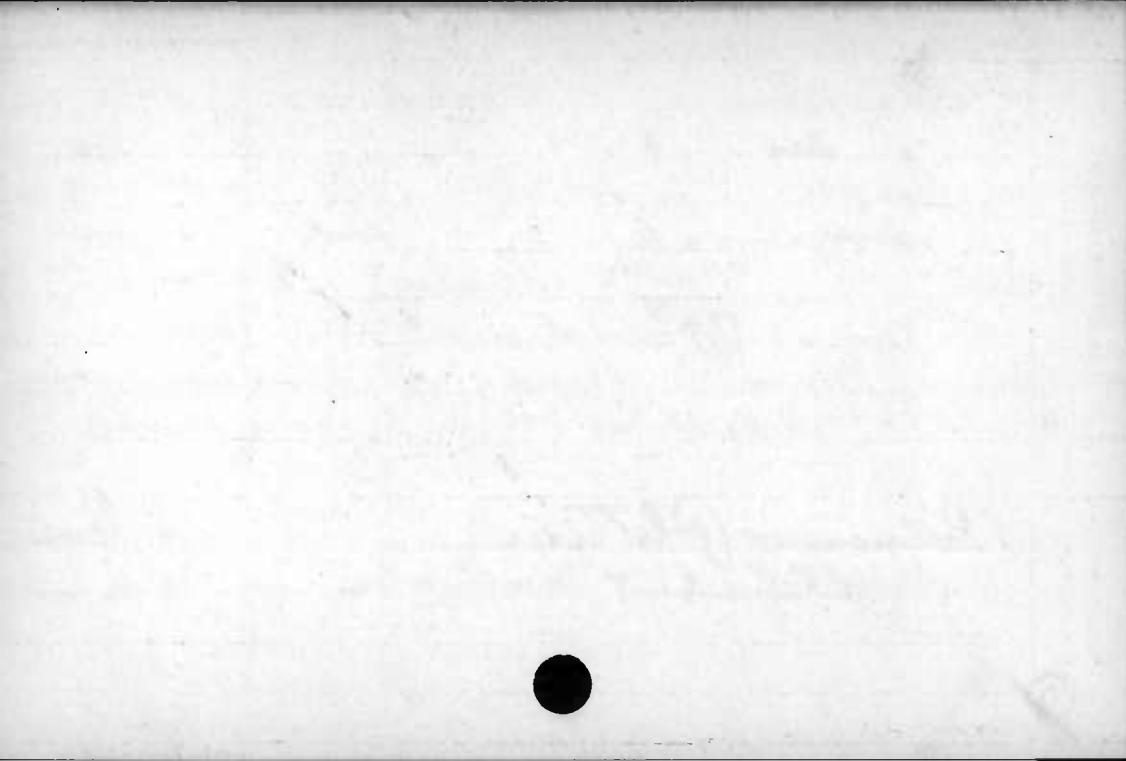
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos Price*

Address

*Glyndon**Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

William Andrews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Adelphi</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u>	Month <u>Dec</u>	Day <u>15</u>	Age <u>33</u>	Years <u>4</u> Months <u>16</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>			
Occupation <u>Machinist</u>	Where Residing if not at place of death <u>Adelphi</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Mary E. Magdick</u>				
Father's Name <u>Thomas E. Andrews</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Mary E. Ryan</u>	Mother's Birthplace <u>Baltimore</u>				
Name of person giving information <u>Mother</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Phthisis</u>	How long <u>18 Months</u>
Immediate <u>Heart Exhaustion + Bronchovelia</u>	How long <u>12 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. Wells</u>
	Address <u>Park Heights Ave</u> <u>Adelphi Md</u>
Accident or Suicide? <u>No</u>	

Jos B Cook
London Park Cemetery
Dec 17 1907.

Name
In
Full

Infant of Clarence & Goldie M. Arnold.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>230 Cold Spring Lane</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>10</i>	Age <i>Stillborn</i>	Years	Months	Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>230 Cold Spring Lane</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Clarence C. Arnold</i>				Father's Birthplace <i>230 Cold Spring Lane</i>			
Mother's Maiden Name <i>Goldie M. Bristow</i>				Mother's Birthplace <i>Haver De Grange</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Irvin Edwards</i>
	Address <i>1741 Pa Ave</i>
Accident or Suicide? <i>No</i>	<i>Baltimore</i>

place of Burial Harve De Grace Md.

Dec 12th 1907.

Wm. E. Chenoweth & Son, Undertakers,
919- 3rd Ave. Hampden

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Barrett.

Town

County

Died at Phoenix

Balto.

MARYLAND

Date
of death 1907

Month

12

Day

12

Age

Years

5-8

Months

3

Days

5-

Sex Male

Color or
Race

White

Birth-
place

Ind.

Occupation

Farm laborer

Where Residing if not
at place of death

Phoenix

Married, Single
or Widowed

Married

Name of Wife or
Husband

Lydia Celia Barrett.

Father's
Name

John Barrett.

Father's
Birthplace

Ind.

Mother's
Maiden NameMother's
BirthplaceName of person giving
Information

Walter Barrett.

How related
to deceased

Son.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

to house.
Confined 3 weeks

Immediate

Exhaustion -

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wilmer C. Ensor, M.D.

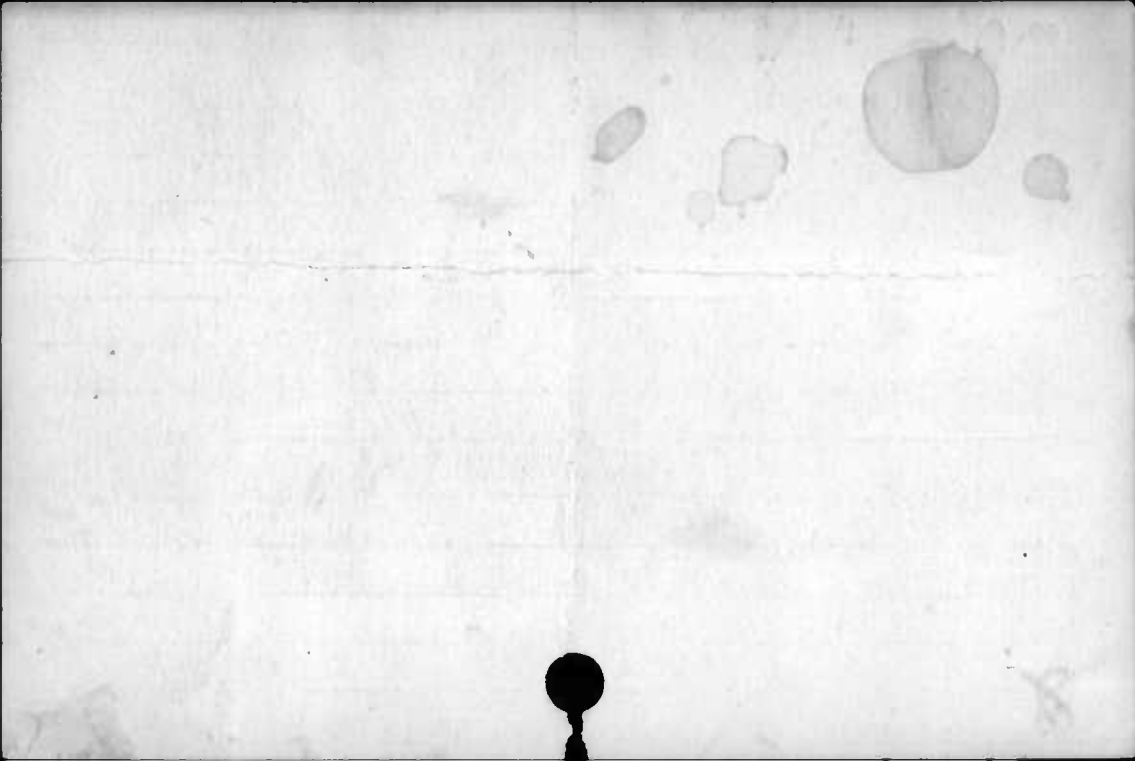
Address

Cockeysville

Accident or Suicide?

No

Ind.



Name
in
Full

Agnes F. Bartell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt Hope Retreat* Town *Baltimore* CountyDate of death 1907 Dec 12th Age 41 Months *NOT KNOWN* Days *NOT KNOWN*Sex *Female* Color or Race *White* Birth-place *Washington D.C.*Occupation *Housewife* Where Residing if not at place of death *Baltimore Md.*Married, Single or Widowed *Widowed* Name of Wife or Husband *NOT KNOWN*Father's Name *NOT KNOWN* Father's Birthplace *NOT KNOWN*Mother's Maiden Name *" "* Mother's Birthplace *" "*Name of person giving information *Reed, Mt Hope Retreat* How related to deceased *NOT at all*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONERPrimary *Mammary Gland. Abscess* How long *over 10 mos.*Immediate *Ex. Chronic Toxicemia* How long *2 wks.*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank J. Flannery M.D.*Address *Mt Hope Retreat**Mt Hope Md.*Accident or Suicide? *No*



Name
in
Full

Nina Bauernfeind

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Baltimore		MARYLAND	
Date of death	1907	Month	Dec	Day	22
Age		Years		Months	Days
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary	Premature Birth	How long
Immediate		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Dr. F. A. Glantz
		Address	41 Eastern Ave Et.
Accident or Suicide?			

Mr Carmel

Henryson

Name
in
Full

Stewart L. Bayne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Towson <small>Town</small>		Baltimore <small>County</small>		MARYLAND	
Date of death	1907	12 <small>Month</small>	10 <small>Day</small>	22 <small>Years</small>	3 <small>Months</small>
Sex	Male		Color or Race	white	
Occupation	Telegraph Operator		Where Residing if not at place of death	Towson	
Married, Single or Widowed	Married		Name of Wife or Husband	Alice Bayne	
Father's Name	Jabott Bayne		Father's Birthplace	Balto. Co.	
Mother's Maiden Name	Sarah S. Reilly		Mother's Birthplace	Balto. Co.	
Name of person giving information	Jabott Bayne		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever and Bronchitis	How long	18 days
Immediate	Bronchitis	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		L. H. Saneto	
		Address	
		Towson	
Accident or Suicide?			

John Burns Sons
Towson

~~Respectfully~~
Providence
Carefully
Baltō. Co.

Name in Full		Maggie Beiling				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Ball's Co. Almshouse		MARYLAND			
	Date of death	1907	Month	12	Day	31	Age	82
	Sex	Female		Color or Race	White		Birthplace	Germany
	Occupation	Unknown			Where Residing if not at place of death			
	Married, Single or Widowed	Unknown		Name of Wife or Husband	Unknown			
	Father's Name	Unknown				Father's Birthplace	Unknown	
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	Dr. T. C. Bussey				How related to deceased			None
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Infirmities of age						
	Immediate	Infirmities of age						
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician				
			Address					
	Accident or Suicide?							

J Nicolais & Son

1820 Canton Ave

Mount Carmel Cem

O'Donnell St Ext

Name
in
Full

Satie Belle Berry

CERTIFICATE OF DEATH

MARYLAND

Died at *Groans* Town

County

Balto

Date

of death

1907

Month

Dec

Day

1

Years

Age

25

Months

—

Days

—

Sex

*female*Color or
Race*white*Birth-
place

Occupation

*unknown*Where Residing if not
at place of death*Rogers Lane*Married, Single
or Widowed*married*Name of Wife or
Husband*Harry W. Berry*Father's
Name*Thomas A. Parlett*Father's
Birthplace*MD*Mother's
Maiden Name*Emma Burch*Mother's
Birthplace*Wash. D.C.*Name of person giving
Information*Harry W. Berry*How related
to deceased*Husband*

CAUSES OF DEATH

(134)

Primary

Miscarriage

How long

3 weeks

Immediate

Peritonitis

How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. H. Franko, M.D.*

Address

1228 S. Charles St.

Accident or Suicide?

*Yes*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Balto Cemetery.

Dec 3/07.

Wm Cook

502 E. 9th St

Name in Full		Still Birth. Bowie (Twin)				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Cockeysville				Balto.			
	Date of death	1907	Month	12	Day	20	Age	Years
							Months	Days
	Sex	Male		Color or Race	Colored		Birth-place	Ind.
	Occupation			Where Residing if not at place of death				
	Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John W. Bowie				Father's Birthplace		Ind.
Mother's Maiden Name		Jane Stein				Mother's Birthplace		Ind.
Name of person giving information		John W. Bowie				How related to deceased		Father
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Premature Birth -				How long	
	Immediate		(Died during labor.)				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Wilbur C. Emerson M.D.	
					Address		Cockeysville Ind.	
	Accident or Suicide?		No					

Buried in Basel Chapel Cemetery
Cockysville, Ind. by -
John H. Bowie, (father)

Dec. 21/07.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant (Twin) *Bowie*

Died at *Cockeysville* ^{Town} *Balts.* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *12* ^{Day} *21* Age ^{Years} *1* ^{Months} *1* ^{Days}

Sex *Female* Color or Race *Colored* Birth-place *Ind.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *John W. Bowie* ✓ Father's Birthplace *Ind.*

Mother's Maiden Name *Jane Stein* Mother's Birthplace *Ind.*

Name of person giving information *John W. Bowie* How related to deceased *Father*

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary *Premature birth -* How long *1 day -*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wilmer C. Eneor M.D.*

Address *Cockeysville Ind.*

Accident or Suicide? *No*

Buried in Basil Chapel Cemetery
Cockeysville, Ind. by -

John W. Bowie (father)

Dec. 22/07-

Name
In
Full

Thomas H. S. Boyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pikesville* Town *Baltimore* County

MARYLAND

Date of death *1907* Month *12* Day *11* Age *70* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Druggist* Where Residing if not at place of death *Pikesville*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Do not know* Father's Birthplace *Md*

Mother's Maiden Name *Do not know* Mother's Birthplace *Md*

Name of person giving information *H. H. Mathewos* How related to deceased *None*

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary *Chronic bronchitis* How long *about 2 yrs*

Immediate *Heart disability* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. C. M. M.*

Address *Pikesville*

Accident or Suicide?

743

Jacob N. Knap

London Park Cemetery

Name in Full		Era Margarith Braun.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Carmy</i>		County <i>Baltimore.</i>		MARYLAND		
	Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>12th</i>	Age <i>4</i>	Months <i>2</i>	Days <i>22</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carmy.</i>		
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>John P. Braun</i>			Father's Birthplace <i>Baltimore</i>			
	Mother's Maiden Name <i>Margaret Netlin</i>			Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>John P. Braun</i>			How related to deceased		<i>Father!</i>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">167</div>							
PHYSICIAN OR CORONER	Primary		<i>Burns from knees to head</i>		How long <i>About 5 hours.</i>		
	Immediate		<i>Shock.</i>		How long		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>		Signature of Physician <i>W. J. Harrison</i>		
					Address <i>Lock Haven.</i>		
Accident or Suicide?		<i>Accident</i>					

A Josephs
Cemetery

Name
in
Full

Albert Britain

CERTIFICATE OF DEATH

Died at ^{Town} Texas ^{County} Balto.

MARYLAND

Date of death 1907 12 28 Age 37 Months Days

Sex Male Color or Race Coloured Birth-place Balto., Co. Md

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Ella

Father's Name John Britain Father's Birthplace Hartford Co. Md

Mother's Maiden Name Don't know Mother's Birthplace Balto., Co. Md

Name of person giving information Ella Britain How related to deceased wife

CAUSES OF DEATH

93

Primary Lobar Pneumonia How long 10 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. T. C. Bussey
Texas
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at

Town Cemetery

Thursday Dec 31

M. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Balto.</i> ^{County}		MARYLAND	
Date of death	1907	Month	Dec.
		Day	23
		Age	Years
Sex	Male	Color or Race	White
Occupation		Birth-place	Balto.
Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	John J. Brown	Father's Birthplace	Balto.
Mother's Maiden Name	Ella V. Harris	Mother's Birthplace	Balto.
Name of person giving information	John J. Brown	How related to deceased	Father

CAUSES OF DEATH

1035

PHYSICIAN
OR CORONER

Primary	<i>Phlebotomy</i>	How long	7 days
Immediate	<i>asthenia</i>	How long	body
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>Walter Thomas</i>
		Address	<i>1228 N. Caroline St. Baltimore Md</i>
Accident or Suicide?			

Mr. Thomas.
1228 N. Caroline St.

Name
in
Full

Robert Larmour Burns.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

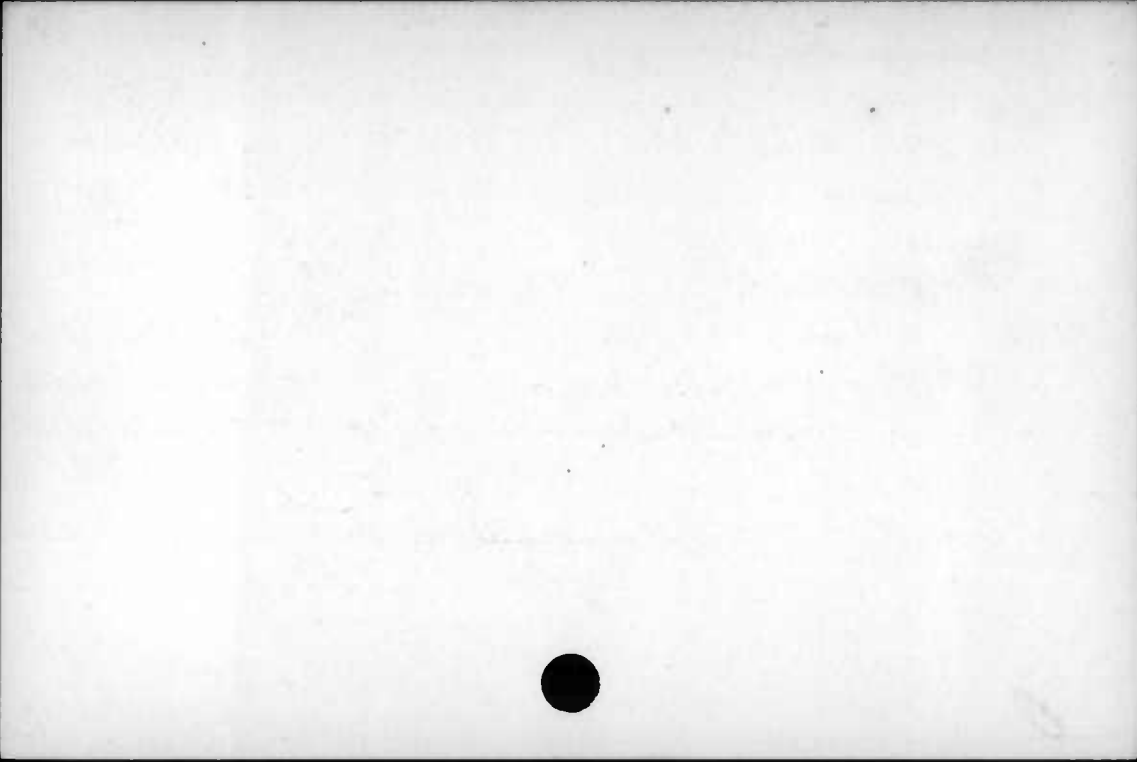
Died at		Catonsville		County		Baltimore		MARYLAND					
Date of death		1907	Month	Dec	Day	14	Age	Years	48	Months		Days	14
Sex		Male		Color or Race		White		Birth-place		Baltimore			
Occupation		Merchant		Where Residing if not at place of death									
Married, Single or Widowed		Single		Name of Wife or Husband									
Father's Name		Robert L Burns							Father's Birthplace		Ireland		
Mother's Maiden Name		Margaret Ann Lawson							Mother's Birthplace		Baltimore		
Name of person giving information		Margaret A Lawson							How related to deceased		Mother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 yrs
Immediate	Exhaustion, Asthma	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr C L Mallfield	
		Address	
		Catonsville Md	
Accident or Suicide?			



Name
in
Full

Martha Butler

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Grays.

Date

of death 1907

Month

Dec.

Day

27

Age

Years

77

Months

00

Days

00

Sex

Female

Color or
Race

White

Birth-
place

Va

Occupation

House Keeper.

Where Residing if not
at place of death

Grays.

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Allen Butler

Father's
Birthplace

Don't know

Mother's
Maiden Name

Sallie Butler

Mother's
Birthplace

Don't know

Name of person giving
In formation

Annie Miller

How related
to deceased

No relation

CAUSES OF DEATH

64

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

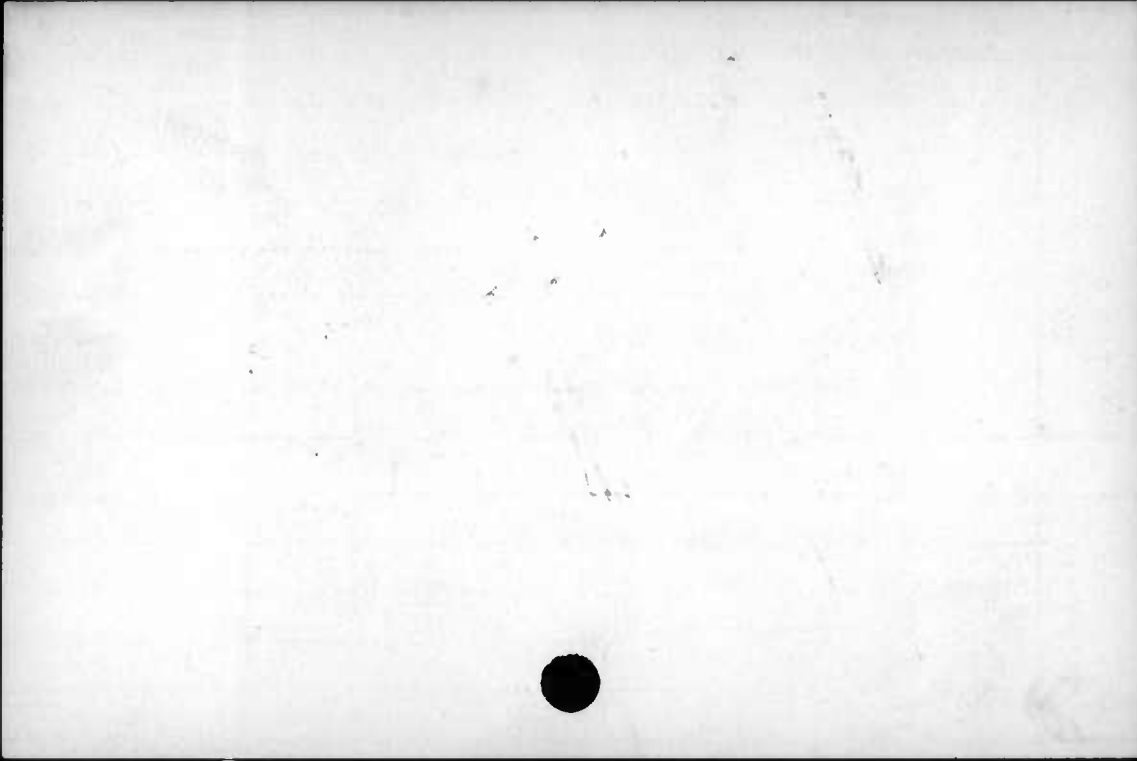
W. C. Shire

Address

Baltimore City
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

not named

Butty

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	21				1 1/2
Sex		Color or Race		Birth-place			
Male		(col)		Md.			
Occupation		Where Residing if not at place of death					
Infant		Baltimore					
Married, Single		Name of Wife or Husband					
Widowed							
Father's Name		Father's Birthplace					
Edward Butty		Md.					
Mother's Maiden Name		Mother's Birthplace					
Sarah Burns		Md.					
Name of person giving information		How related to deceased					
Mary Burns		Grandmother					

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	4 mo. child
Immediate	General Inanition	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Bayless Green M.D.	
		Address	
		Baltimore Md.	
Accident or Suicide?			

Sandy Bottom Cove.
Phonograph

Name
in
Full

Francisco Casaminto

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

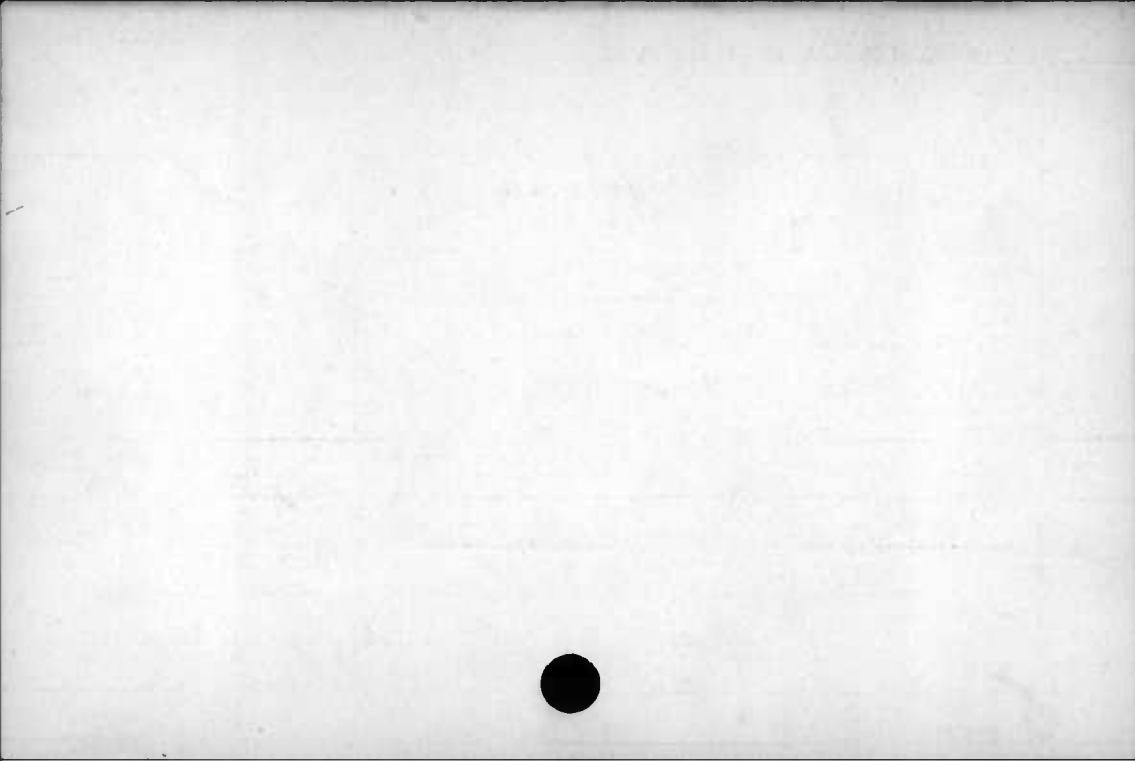
Died at <i>albuters</i> ^{Town}		<i>Baile</i> ^{County}		MARYLAND	
Date of death <i>1907</i>		Month <i>Apr</i>	Day <i>8</i>	Age <i>40</i>	Years <i>40</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Italy</i>	
Occupation <i>laborer</i>		Where Residing If not at place of death <i>Same</i>			
Married, Single or Widowed <i>Don't know</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>Italy</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Italy</i>			
Name of person giving information <i>Dominico Santoro</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <i>Pistol Shot Wound</i>	How long <i>few minutes</i>
Immediate <i>Abdominal Hemorrhage</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Grae</i>
	Address <i>Coroner</i>
Accident or Suicide? <i>Accident</i>	<i>Granite Maryland</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Potomac</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907 Dec 16</i>		Age <i>30</i>		Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Pagania</i>			
Occupation <i>Laundry</i>	Where Residing if not at place of death <i>Resides at place of birth</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Isaac Chaid</i>				
Father's Name <i>John Smith</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Not Known</i>				
Name of person giving information <i>Isaac Chaid</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

79

Primary *Heart Disease*How long *Don't Know*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

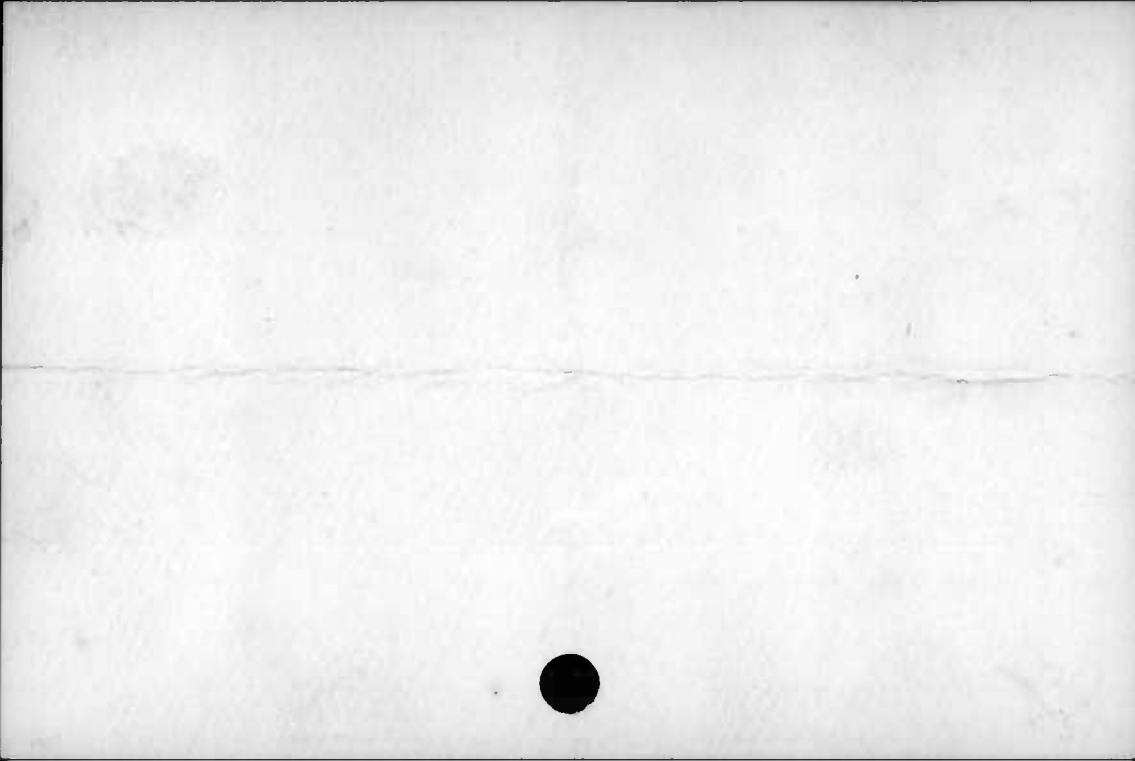
Yes

Signature of Physician

Address

David Thompson
1500 Highland Ave
Baltimore County Md

Accident or Suicide?



Name
in
Full

Lida Chrissinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>25</i>	Age <i>24</i>	Years <i>24</i>	Months <i>11</i>	Days <i>17</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birthplace <i>Hagerstown Md</i>				
Occupation <i>stenographer</i>	Where Residing if not at place of death <i>S. E. Hospital Towson</i>						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Martin L. Chrissinger</i>	Father's Birthplace <i>Hagerstown Md</i>						
Mother's Maiden Name <i>Grace L. Snyder</i>	Mother's Birthplace <i>Illinois</i>						
Name of person giving information <i>Mellie C. Chrissinger</i>	How related to deceased <i>sister</i>						

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary <i>Dementia Praecox</i>	How long <i>12 yrs</i>
Immediate <i>Exhaustion from pulmonary hem.</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm Rush Dutton Jr</i>
	Address <i>Govans, Md.</i>
Accident or Suicide? <i>No</i>	

Crowns + Spence
Hagerstown Md

Name
in
Full

Katie Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gorantown</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>4</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Harford Co</i>				
Occupation <i>House wife</i>	Where Residing if not at place of death <i>No 11 George ave. Balt.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Clayton</i>						
Father's Name <i>Alfred. C. F. Woodward</i>	Father's Birthplace <i>Harford Co</i>						
Mother's Maiden Name <i>Julia Pierce</i>	Mother's Birthplace <i>Harford Co</i>						
Name of person giving information <i>Joseph Clayton</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Several months</i>
Immediate <i>Died suddenly while taking chloroform</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Duncan</i>
	Address <i>Gorantown</i>
Accident or Suicide? <i>X</i>	

Fork M. E. Cemetery
Balto. Co.

John Burns son
Tolson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

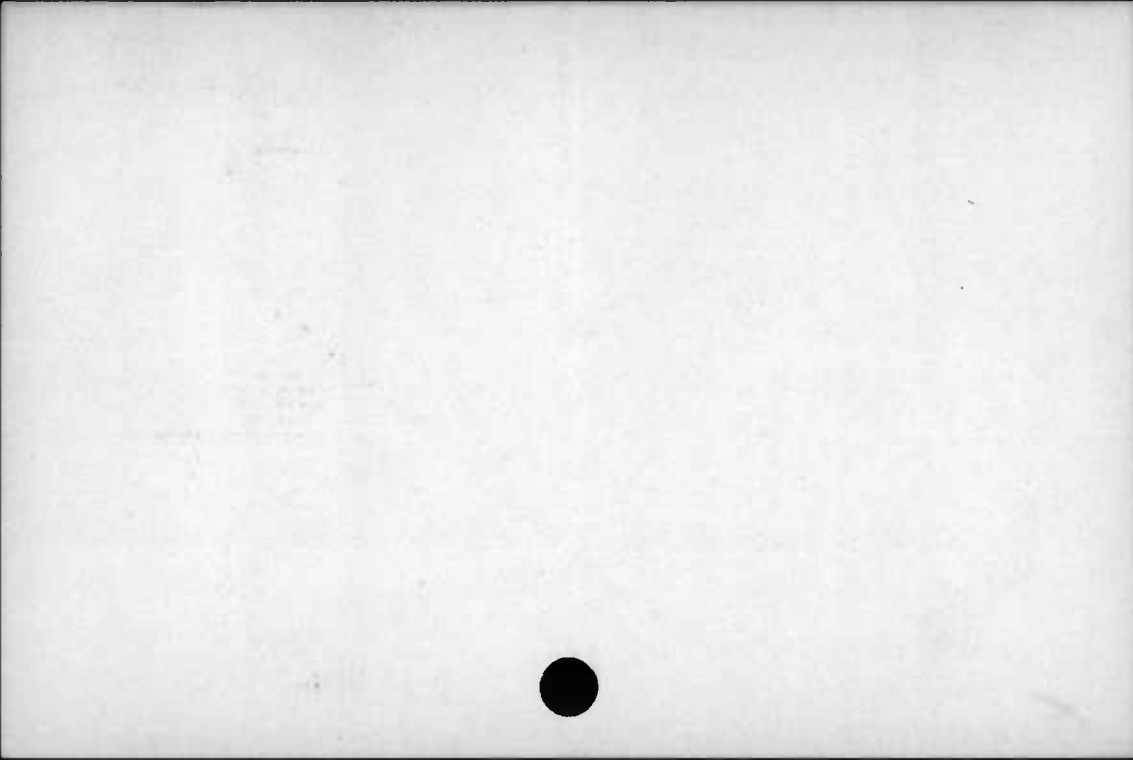
Died at <i>Sparrow's Point</i>		County <i>Balto-</i>		State <i>MARYLAND</i>	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>Dec.</i>	<i>17</i>	<i>55</i>	<i>5</i>	<i>3</i>
Sex	Color or Race	Birth-place			
<i>male</i>	<i>White</i>	<i>Balto, Md.</i>			
Occupation	Where Residing if not at place of death				
<i>machinist</i>	<i>731 E. St.</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>married</i>	<i>Elizabeth Cofran</i>				
Father's Name	Father's Birthplace				
<i>John Cofran</i>	<i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Not Known</i>	<i>Maryland</i>				
Name of person giving information	How related to deceased				
<i>Elizabeth Cofran</i>	<i>Wife</i>				

CAUSES OF DEATH

143

PHYSICIAN
OR CORONER

Primary	<i>Carbuncle</i>	How long	<i>Ten weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H. K. Beltekian M.D.</i>	
		Address	
		<i>Sparrow's Point</i>	
		<i>Md.</i>	
Accident or Suicide?			
<i>no</i>			



Name
in
Full

Charles B. Cole.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

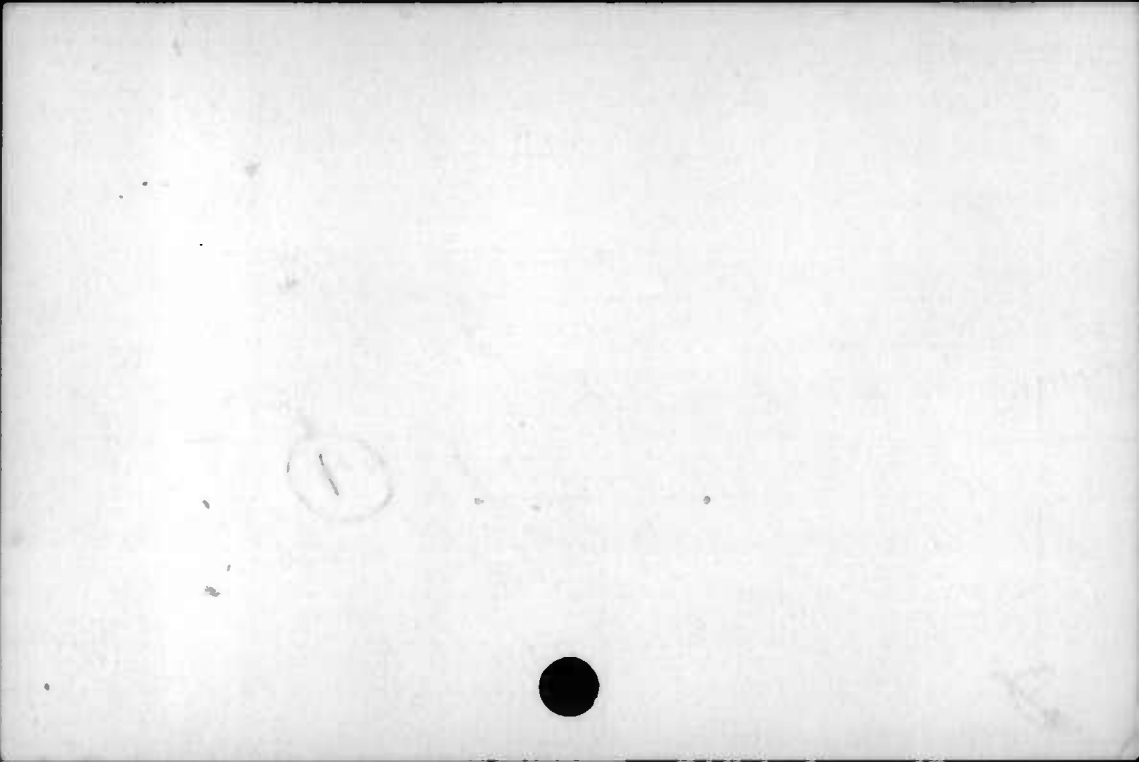
Died at		Town <i>Glencore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		190	Month <i>Dec</i>	Day <i>25</i>	Age <i>3</i>	Years <i>10</i>	Months <i>21</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Glencore Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel P. Cole</i>				Father's Birthplace <i>Dee Run Md.</i>			
Mother's Maiden Name <i>Sarah C. Miles</i>				Mother's Birthplace <i>Philadelphia Md.</i>			
Name of person giving Information <i>Samuel P. Cole</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

⑦

PHYSICIAN
OR CORONER

Primary	<i>Malignant Scarlet Fever</i>	How long	<i>22-23 hours</i>
Immediate	<i>General Failure</i>	How long	<i>2-3 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. R. Mitchell</i>	
<i>Yes</i>		Address <i>Mouseton Md.</i>	
Accident or Suicide?			



Name
in
Full

Grenbury William Cook

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

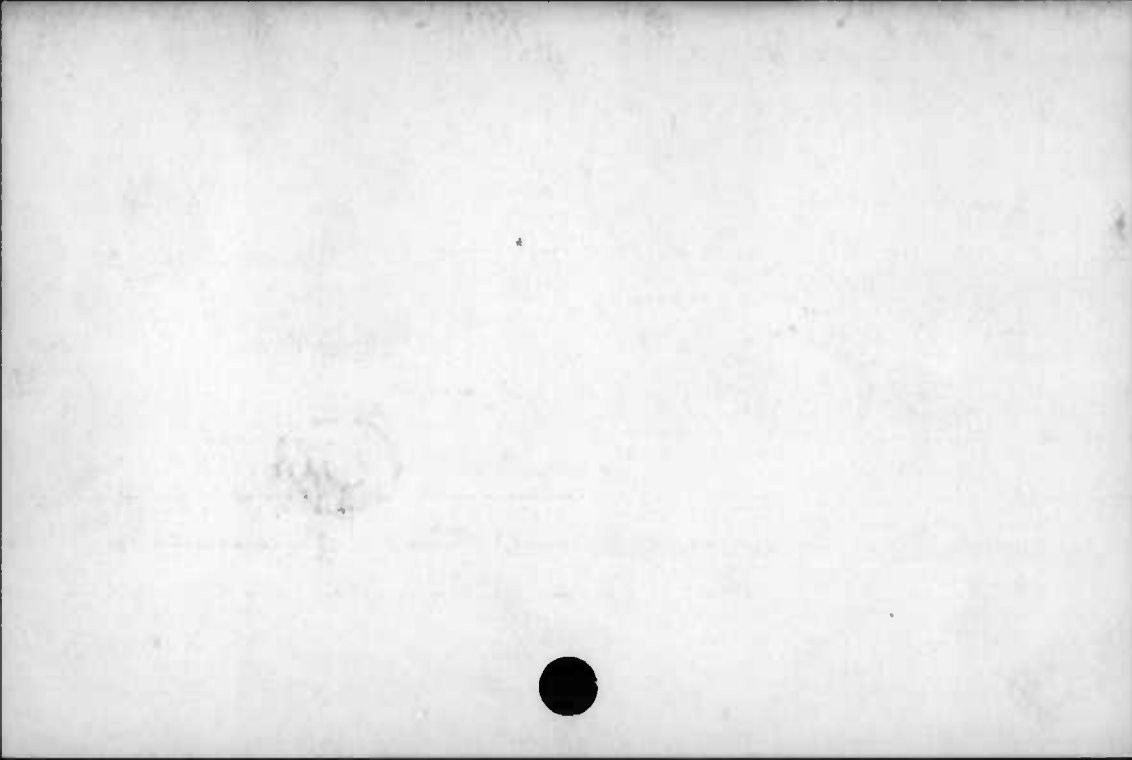
Died at <i>near Rustertown</i>		<i>Balto</i> County		MARYLAND	
Date of death	1907	Month	12	Day	17
Age		85		Months	8
Sex		Male		Color or Race	White
Birth-place		Balto Co			
Occupation		Farmer			
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Sarah Ann Cook	
Father's Name	William Elias Cook		Father's Birthplace	Md	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	A. J. Cook		How related to deceased	Daughter in law	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Calcified arteries</i>		How long	<i>10 years</i>
Immediate	<i>Cerebral hemorrhage</i>		How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<i>James Gore M.D.</i>		
Address		<i>Rustertown Md.</i>		
				
				
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cedar Point Farm</i>		County <i>Baltimore</i>		MARYLAND		
Date of death <i>1907</i>		Month <i>December</i>	Day <i>13th</i>	Years <i>56</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Unknown</i>			
Occupation <i>Farm Hand</i>		Where Residing if not at place of death <i>Back River Cedar Point Farm</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>				
Name of person giving information <i>Anton J. Matthei</i>		How related to deceased <i>None</i>				

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary *Natural causes and*
Exposure

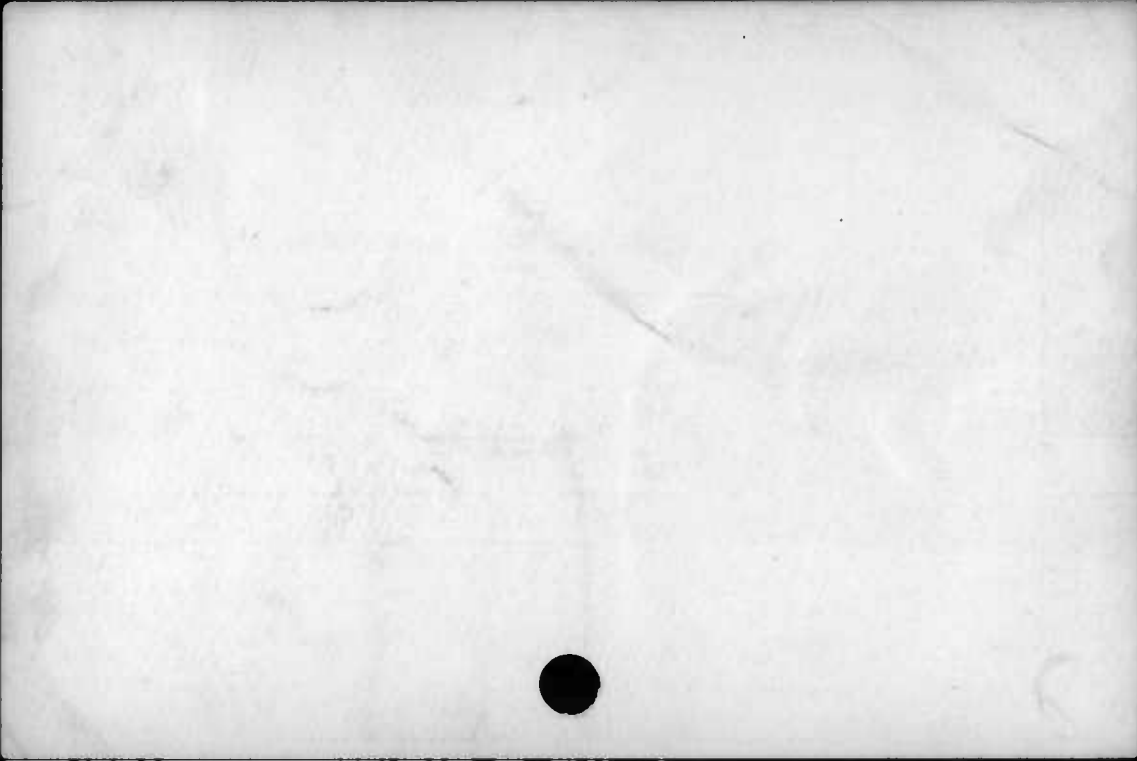
Immediate
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

James Mitchell J.P.
Russville Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Howard F. Coffey

Died at Texas Ball County

Date of death 1904 Dec 17 Age 8 Months Days

Sex male Color or Race white Birth place Portland Ridge

Occupation min Where Residing if not at place of death Texas

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Wm C. Coffey Father's Birthplace Cokeville Wd

Mother's Maiden Name Mary E. Hansen Mother's Birthplace Dan Ky

Name of person giving information Wm C Coffey How related to deceased Father

CAUSES OF DEATH

(61)

Primary Meningitis How long 2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician D. F. Boney

Address Texas Wd

Accident or Suicide?

Funeral at Texas
Ralls Co Ind Thursday
Dec 19th

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Alberton* ^{Town} *Town**Baltimore* ^{County} *Co*Date of death *1907* ^{Month} *Dec**24* ^{Day}Age *90* ^{Years}*0* ^{Months}*0* ^{Days}Sex *Male*Color or Race *Black*Birth-place *Alberton* ^{Baltimore} *Co*Occupation *Labourer*Where Residing if not at place of death *Alberton* ^{Baltimore} *Co*Married, Single or Widowed *Widower*Name of Wife or Husband *Not known*Father's Name *Not known*Father's Birthplace *Not known*Mother's Maiden Name *Not known*Mother's Birthplace *Not known*Name of person giving information *Harry Lee Mcgorman*How related to deceased *not at all*

CAUSES OF DEATH

Primary *General failure of vital powers*How long *2 days*Immediate *Pneumonia*How long *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *D. H. Benson*Address *Cockeysville, Md*Accident or Suicide? *No*

To be buried on Albertin Farm

Balti: to me

Permit
Please mail to Burns + Sons,

Lorain

Balti: to

Mayland

Name
in
Full

CERTIFICATE OF DEATH

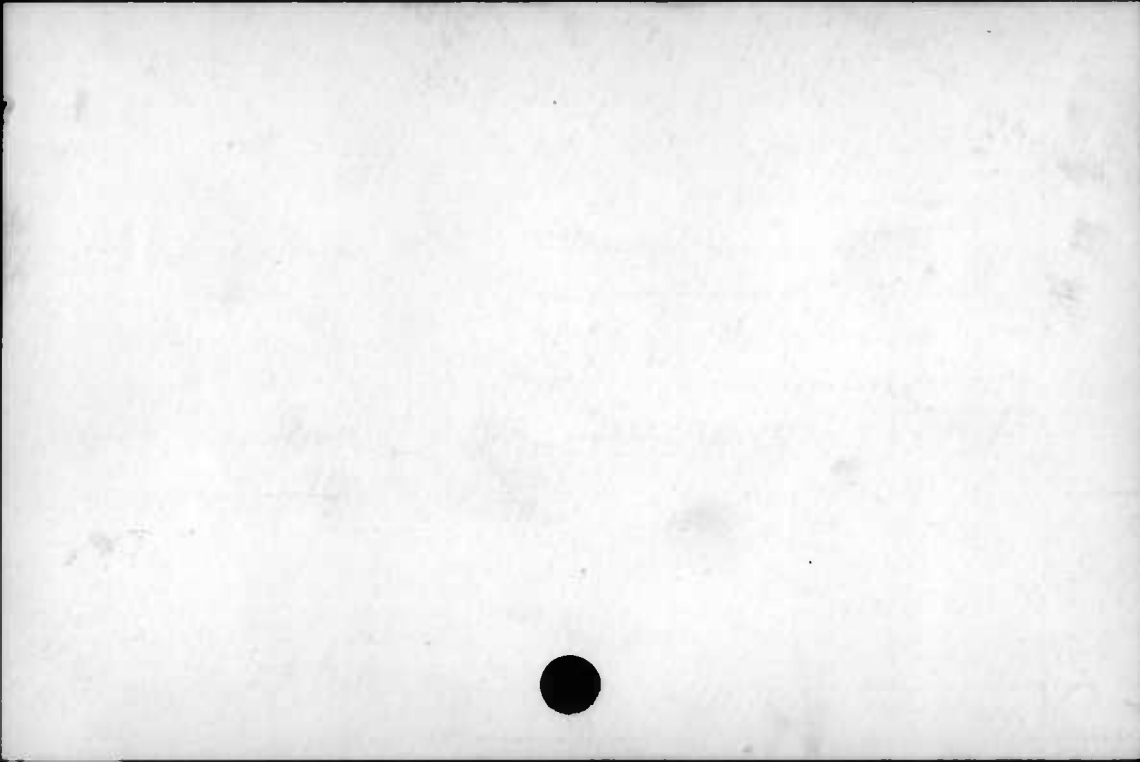
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middle River</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i> <i>Dec</i> <i>1st</i>		Age <i>—</i> Years		Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Middle River</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>James Curtis</i>			Father's Birthplace <i>Cerryman Md</i>		
Mother's Maiden Name <i>Emeline Johnson</i>			Mother's Birthplace <i>Bluffs Md</i>		
Name of person giving information <i>James Curtis</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm H. Hunt J.P</i>
	Address <i>Middle River</i>
	<i>Balto Co. Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Archie Mabel Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Dec	Day	3
Age		Years		Months	4
Sex	Female	Color or Race	Colored	Birth-place	Woodlawn
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Clarence Davis</i>		Father's Birthplace	<i>Ind</i>
Mother's Maiden Name		<i>Margaret Costly</i>		Mother's Birthplace	<i>Ind</i>
Name of person giving information		<i>Clarence Davis</i>		How related to deceased	<i>Father</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>2 hours</i>
Immediate	<i>Cardiac Arrest</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		<i>A. C. Smith</i>	
		Address	
		<i>Woodlawn</i>	
Accident or Suicide?			
—		<i>Ind</i>	

Jos. B Cook
Union Church Cemetery

Name

In Full

Albert Julius Debaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

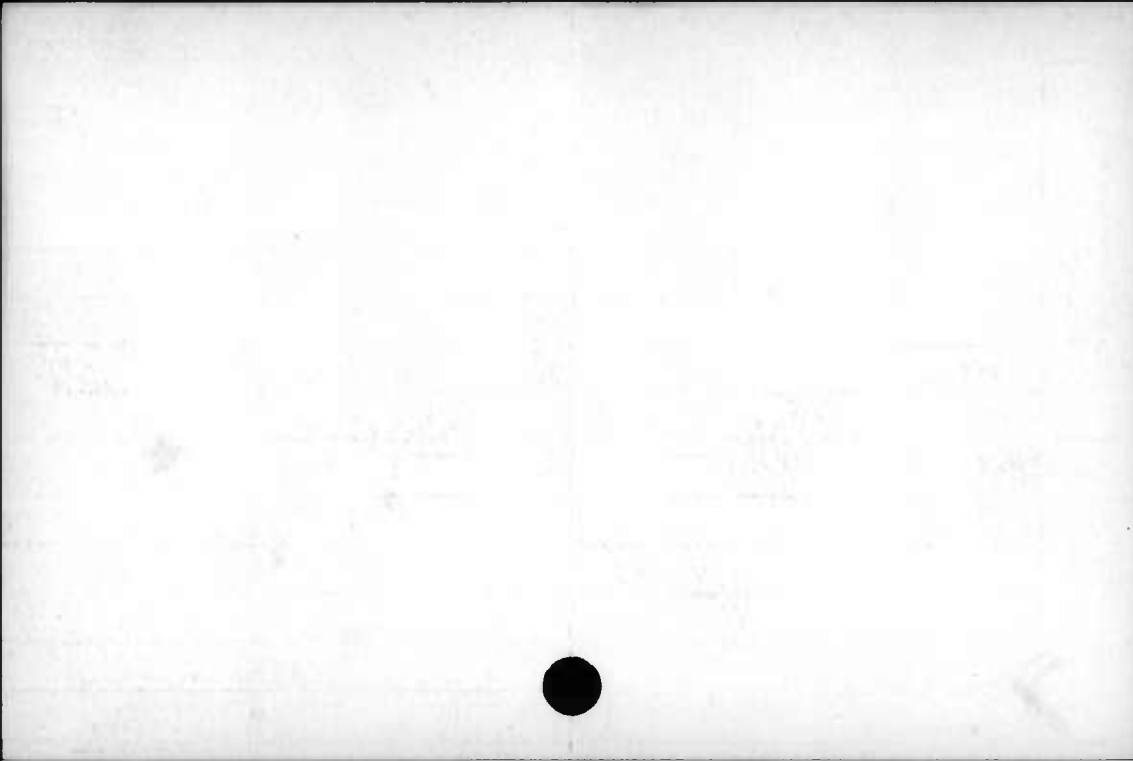
Died at <i>Greenwood</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>6</i>	Age <i>—</i>	Months <i>4</i>	Days <i>18</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Greenwood</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Frederick T. Debaugh</i>			Father's Birthplace <i>Balto. Co. Md.</i>		
Mother's Maiden Name <i>Emma T. Paulus</i>			Mother's Birthplace <i>Balto. City Md.</i>		
Name of person giving information <i>Frederick T. Debaugh</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>3 months</i>
Immediate <i>General debility</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>John S. Green</i>
<i>J</i>	Address <i>Gittings</i>
	<i>Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Certificate of Death			
Mrs Mary Jane Debaugh		TOWN		COUNTY	
Died at Reisterstown		Baltimore		MARYLAND	
Date of death		Month	Day	Age	Years
1907		12	9	89	3
Sex		Color or Race	Birthplace	Months	Days
Lady		White	Baltor, Co	7	
Occupation		Where Residing if not at place of death			
Widow					
Married, Single or Widowed		Name of Wife or Husband		Chas Debaugh	
Father's Name		Benjamin H. Callooh		Father's Birthplace Md.	
Mother's Maiden Name		Honey Dunphy		Mother's Birthplace Towson	
Name of person giving information		Adam Debaugh		How related to deceased Son	
CAUSES OF DEATH					
Primary		Scalds		How long 16 days	
Immediate		Blood poison - Erysipelas		How long 10 days.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician James Sora M.D.	
Address		Reisterstown Md.			
Accident or Self?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>Dec</i> ^{Day} <i>8</i> ^{Years} <i>37</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>	
Occupation <i>Bookkeeper</i>	Where Residing if not at place of death <i>At Place of death</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Viola J. Messinger</i>		
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>Viola J. Messinger</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

155

OR CORONER

Primary	<i>Suicide by Carbolic Acid</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of <i>David C. Thompson</i>
		Address <i>1520 Highland Ave</i>
Accident or Suicide?	<i>Suicide</i>	<i>Baltimore County Md.</i>

Oak Lawn Cemetery
Hernig son
12/12/07

Name
in
Full

Patrick Donohue

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Balto.</i>		MARYLAND	
Date of death	190 ^{Month} <i>7 Dec.</i>	^{Day} <i>7</i>	Age ^{Years} <i>62</i>	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Retired</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband <i>Not known</i>			
Father's Name	<i>Not known</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>" "</i>	<i>" "</i>	Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>James Donohue</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Arteriosclerotic disease of the heart</i>	How long	<i>14 days</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>M. J. [Signature]</i>	
		Address	
		<i>111 S. [Signature]</i>	
Accident or Suicide?			

Cathedral Ceny.

Dec. ~~10th~~ 1901

John A. Moran

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>18</i>	Age <i>58</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>3418 E Baltimore St</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Dorsey</i>				
Father's Name <i>William Harper</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Eliza Murphy</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>William C Dorsey</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Stomach</i>	How long <i>about 3 mo</i>
Immediate <i>Exhaustion</i>	How long <i>Short</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Reynolds M.D.</i>
	Address <i>809 N Charles</i>
Accident or Suicide?	

H E Hughes

Balto Cemetery

Name
in
Full

Martha E. Dorsey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Catonsville^{County} Baltimore

Date of death 1907 Dec. 18

Age 60

Months

Days

Sex Female

Color or
Race

Colored.

Birth-
place

Howard Co.

Occupation

Domestic

Where Residing if not
at place of death

59 Winters Ave.

Married, Single
or Widowed

Widowed

Name of ~~Wife~~ or
Husband

Charles Dorsey

Father's
Name

Samuel Kelley

Father's
Birthplace

Howard Co.

Mother's
Maiden Name

Martha E. Kelley

Mother's
Birthplace

Howard Co.

Name of person giving
In formation

Martha J. Ebbs.

How related
to deceased

Daughter

CAUSES OF DEATH

119

Primary

Acute Nephritis

How long

6 weeks

Immediate

Acute Endocarditis

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

M. A. O'Neill M.D.

Address

1315 Hollins St.
Baltimore, Md.

Accident or Suicide?

Robert Elliott.
Western Star

Name
in
Full

William J. Drescher,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Highlandtown</i>		County <i>Balto. Co.</i>		MARYLAND	
Date of death		190	Month <i>Dec.</i>	Day <i>19</i>	Years <i>1900</i>	Months <i>3</i>	Days <i>1/2</i>
Sex <i>Male</i>		Color or Race <i>White.</i>		Birth-place <i>Highlandtown</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Frank J. Drescher,</i>				Father's Birthplace <i>Highlandtown</i>			
Mother's Maiden Name <i>Agnes Francis Flewacka</i>				Mother's Birthplace <i>Balto. Md.</i>			
Name of person giving information <i>Thatcher F. J. Drescher</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Acute Gastrointestinal and Gastro-enteritis.</i>	How long	<i>3 days.</i>
Immediate	<i>Retention of urine, Cardiac</i>	How long	<i>48 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Wm. McCannan M.D.</i>	
		Address <i>618 S. Clinton St.</i>	
Accident or Suicide? <i></i>			

M. A. Sadowski.

St Stanislaus

Name
in
Full

CERTIFICATE OF DEATH

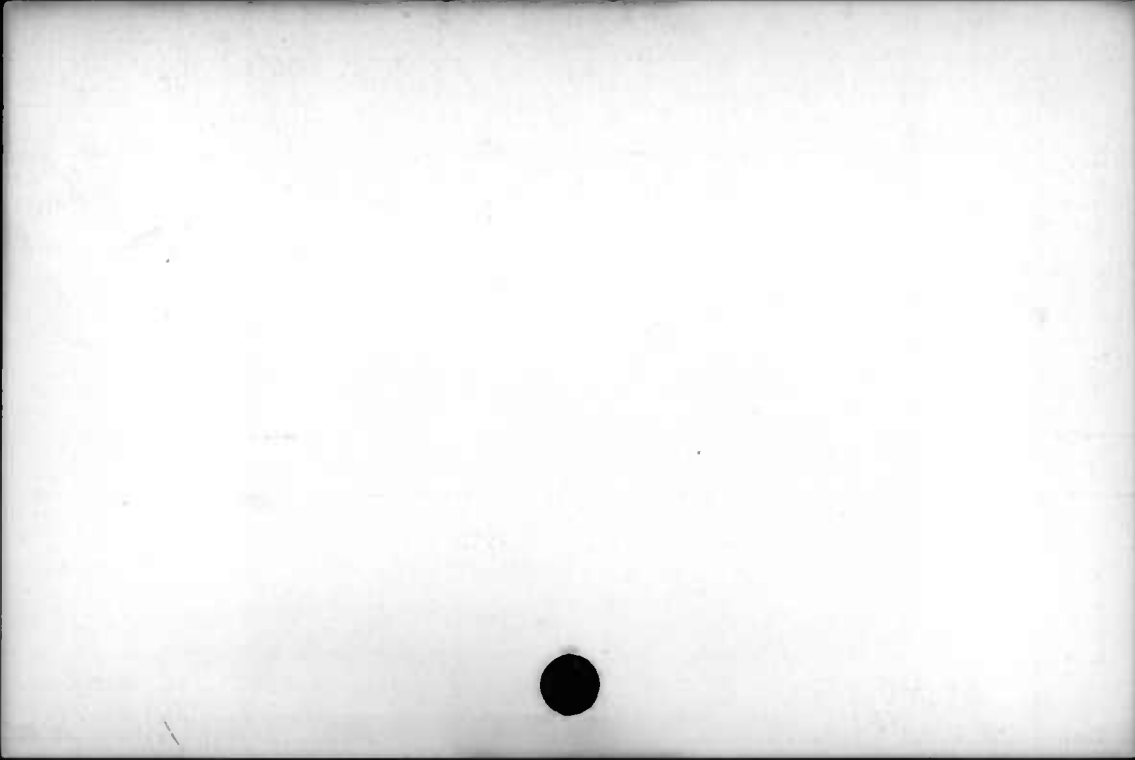
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>California</i> Town		<i>Los Angeles</i> County		<i>Cal</i> MARYLAND	
Date of death	<i>1907</i> Month <i>12</i> Day <i>7</i>	Age	<i>36</i> Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth place	<i>Arkio, Penn</i>
Occupation	<i>Carpenter</i>	Where Residing if not at place of death		<i>California</i>	
Married, Single or Widowed		Name of Wife or Husband	<i>Cora J Dunlap</i>		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	
<i>J M Dunlap</i>				<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Meningitis</i>	How long	<i>6 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address	
		<i>1414 1/2 St</i>	
		<i>White Hall</i>	
Accident or Suicide?			



Name
in
Full

Rose Ida Eckel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Abington</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>December</i>	Day <i>seventh</i>	Age <i>34</i>	Years	Months <i>Five</i>	Days <i>eight</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co., Md.</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Wm. J. Eckel</i>			Father's Birthplace <i>Baltimore City</i>				
Mother's Maiden Name <i>Mary Graham</i>			Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>J. Chas. Eckel</i>			How related to deceased <i>Brother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis pulmonalis</i>	How long <i>5 years</i>
Immediate	<i>"Asthma"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Mrs. P. Hauck</i>
		Address <i>1210 Eutaw Place Baltimore</i>
Accident or Suicide? <i>-</i>		

George H. Smith Co—

Baltimore Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

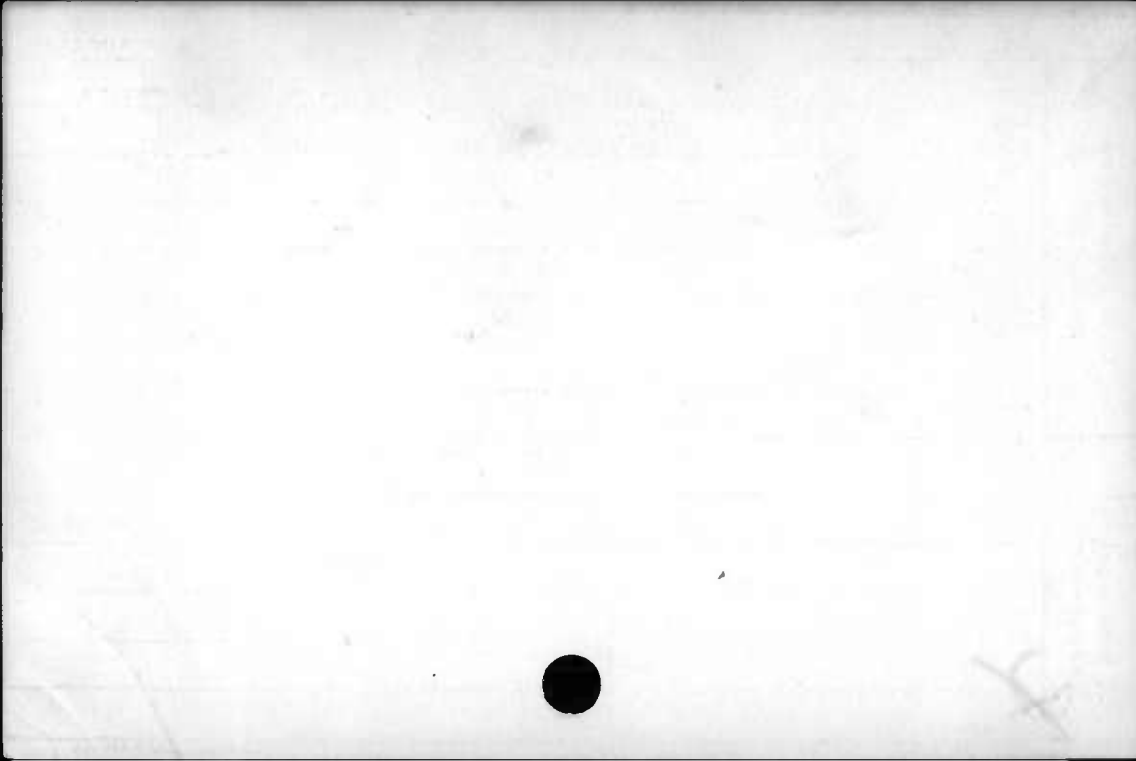
Name in Full <i>Julius Elligson</i>		Town <i>Rossville</i>		County <i>Wald</i>		MARYLAND	
Died at <i>Rossville</i>		Month <i>Dec</i>		Day <i>29</i>		Age <i>88</i>	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>29</i>		Age <i>88</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Elizabeth Elligson</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Wm Elligson</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Or Jamie Heart disease</i>		How long <i>6 mo</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. V. Chase</i>	
Address <i>Rossville Md</i>			
Accident or Suicide? <i>—</i>			



Name
in
Full

Daniel E. Eusar Sr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town West Arlington		County Balto		MARYLAND	
Date of death		1907	Month Dec	Day 26	Age 67	Months 10	Days 12
Sex Male		Color or Race White		Birth-place Balto			
Occupation Carpenter & Builder		Where Residing if not at place of death Georgetown W.					
Married, Single or Widowed Married		Name of Wife or Husband Eliza A. Eusar					
Father's Name		Father's Birthplace Md					
Mother's Maiden Name Matilda Wells.		Mother's Birthplace Md					
Name of person giving information Daniel E. Eusar Jr.		How related to deceased Son					

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Arterio Sclerosis	How long	
Immediate	Cerebral Hemorrhage	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician J. S. A. K. K. K.		Address 4005 Park Heights Ave. Baltimore.	
Accident or Suicide?			

Mt. Olivet Cemetery.

~~Feb 28~~ Dec. 28/907

Wm Crook

502 E 7th St

Name
in
Full

Susan M. Perstermann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Dec.</u> ^{Month}	<u>21</u> ^{Day}	Age <u>63</u> ^{Years}	<u>4</u> ^{Months}	<u>14</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u></u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Charles Perstermann</u>				
Father's Name <u>John Whland</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Christine Riedel</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Charles Perstermann</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>5 days</u>
Immediate <u>Cardiac syncope</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D.W. Jones M.D.</u>
	Address <u>3116 Cipomulch</u>
Accident or Suicide? <u></u>	

Dr. Jones Cornwall St.

Mt. Carmel

K. Landa Son.

Name
in
Full

Carl C. Fewster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


MARYLAND

Died at <i>Gardenville</i> ^{Town}		<i>Balto. Co.</i> ^{County}	
Date of death <i>1907</i>	<i>12</i> ^{Month}	<i>9</i> ^{Day}	Age <i>5 mo</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>
Occupation <i>Wine</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>single</i>	Name of Wife or Husband		
Father's Name <i>George C. Fewster</i>	Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Martha Thallman</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Martha Fewster</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>Five days</i>
Immediate <i>Chlora Infantum</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Harry M. Negefarth</i>
	Address <i>314 North Ave</i>
	Accident or Suicide?

Henry Lutz

1007 N. Bond st-

Name
in
Full

Mr Anne Flanagan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

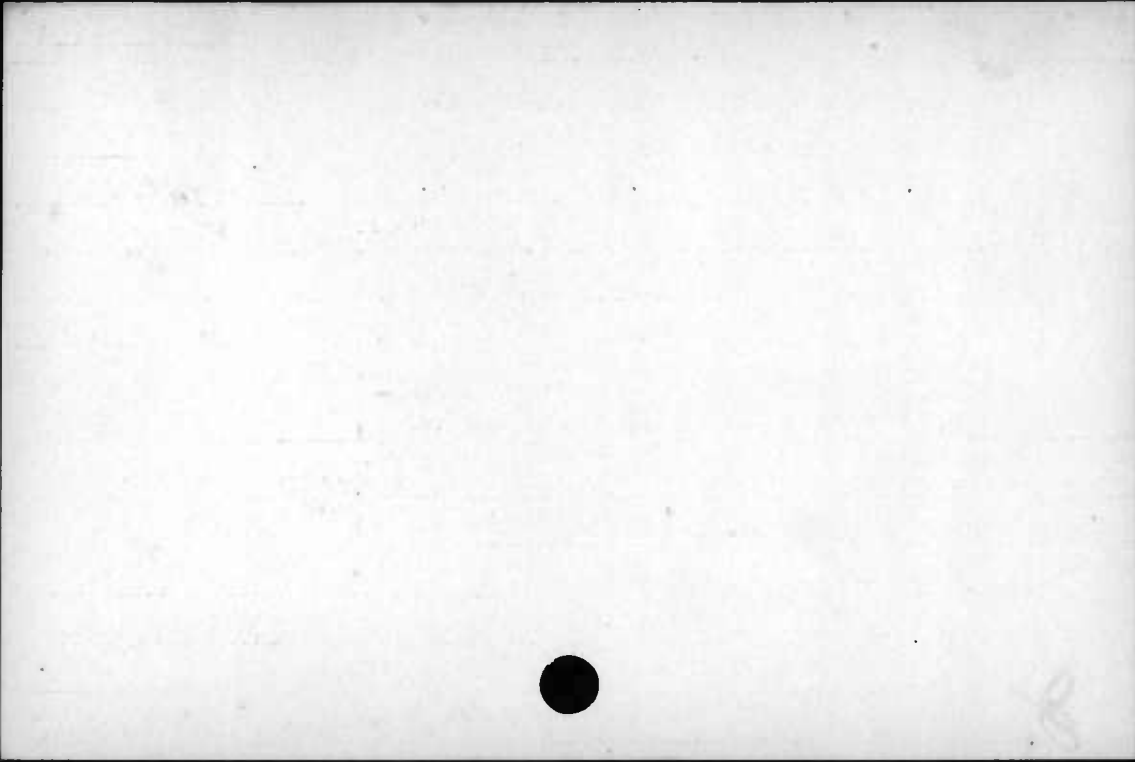
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Dec	11th	Age 72	Unknown unknown		
Sex		Color or Race		Birth-place			
Female		White		Ireland			
Occupation		Where Residing if not at place of death					
Wife of R. R. Man		Grafton W. Va					
Married, Single or Widowed		Name of Wife or Husband					
Widow		Unknown					
Father's Name		Father's Birthplace					
Unknown		Unknown					
Mother's Maiden Name		Mother's Birthplace					
11		11					
Name of person giving information		How related to deceased					
Recd. at Hope Retreat		Not at all					

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary		How long	
Melancholia Senile		11 mos.	
Immediate		How long	
Ex. Auto Intoxication			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank J. Flannery	
		Address	
		at Hope Retreat	
		at Hope med.	
(Accident or Suicide?)			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Fleischman*

Died at *Sandown* Town *Baltimore* County

Date of death *1907* Month *12* Day *8* Age *65* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Shoemaker* Where Residing if not at place of death *Sandown*

Married, Single or Widowed *widower* Name of Wife or Husband *Margaret Fleischman*

Father's Name *Sebastian Fleischman* Father's Birthplace *Germany*

Mother's Maiden Name *Margaret Wallinout* Mother's Birthplace *Germany*

Name of person giving information *Nophi Rinkenbrink* How related to deceased *Son*

CAUSES OF DEATH

64

Primary *Apoplexy* How long *Immediate*

Immediate *Apoplexy* How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

August W. Miller, Coroner

M. Winans

Baltimore, Md.

Accident or Suicide?

Jos. B. Cook
Lawrence
Amesbury -

Name
in
Full

Joia Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Melvale</u> Town		<u>Balto</u> County			
Date of death <u>1907 Dec.</u>	Month <u>Dec.</u>	Day <u>22</u>	Age <u>16</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth place <u>Maryland</u>			
Occupation <u>S. Nurse</u>	Where Residing if not at place of death <u>Indus. Home for Colored Girls</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Not Known</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Jennie Fletcher</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Supt. of Indus. Home</u>	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pneum. Tuberculosis</u>	How long <u>One Year</u>
Immediate <u>Tuberculosis Meningitis</u>	How long <u>Four days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. W. Winsey M.D.</u>
	Address <u>1220 E. Fayette St.</u>
Accident or Suicide?	

N S Mars Hall

3539 Falls Road.

Dec 24 - 07

Windsor Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Mary L. Flock

Town

County

Died at

Wilhelm Park

Baltimore

MARYLAND

Date

of death 1907

Month

Dec.

Day

22

Years

21

Months

8

Days

29

Sex

Female

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Louis E Flock

Father's
Name

Charles H. Jones

Father's
Birthplace

Baltimore Md.

Mother's
Maiden Name

Mary A. Wiler

Mother's
Birthplace

"

"

Name of person giving
In formation

Louis E Flock

How related
to deceased

Husband

CAUSES OF DEATH

94

Primary

Pleurisy

How long

21 Days

Immediate

Pneumonia

How long

4 Days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edw. Greenup

Address

617 South Broadway

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Edward J. Fanning.
Cedar Hill Cemetery.
Dan. Mattfield

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Baltimore</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	30				4
Sex		Color or Race		Birth-place			
Male		White		Baltimore		Md.	
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
John Stoertschbeck		Germany					
Mother's Maiden Name		Mother's Birthplace					
Maggie Reissig		" "					
Name of person giving information		How related to deceased					
John Stoertschbeck		Father					

CAUSES OF DEATH

71

- PHYSICIAN -
OR CORONER

Primary	<i>S. & aem.</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		David A. Thompson	
		Address	
		1600. Highland Ave	
		Baltimore County, Md	
Accident or Suicide?			

Sacred Heart Cemetery

Dec 3rd 1907

Germanus. France
Undertaker.

Name
in
Full

Wm. T. Foll.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Banton</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	<u>Dec</u> ^{Month}	<u>24</u> ^{Day}	<u>—</u> ^{Years}	<u>5</u> ^{Months}
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>—</u>		Birth-place	<u>Md.</u>	
Where Residing if not at place of death			<u>1010 Boulder St.</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name	<u>Thomas Foll</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Maggie White</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Thomas Foll</u>			How related to deceased	<u>Father.</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Acute Gastro-Enteric Infection</u>	How long	<u>—</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Albertus C. Cathe</u>	
		Address	
		<u>1828 E. Baltol</u>	
		<u>Balto to d</u>	
Accident or Suicide? <u>—</u>			

Zirkler + Zirkler
1739 E. Eager St.

Dec. 25-1907

Mt. Carmel Conn.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Gusell Ann Freeland
Died at ^{Town} Near Gosnell Mills ^{County} Balto

Date of death 1907 12 19 Age 70 Months 10 Days 26

Sex female Color or Race White Birth-place Maryland

Occupation housewife Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband W. J. Freeland

Father's Name David Edie Father's Birthplace md

Mother's Maiden Name Gusell Anderson Mother's Birthplace md

Name of person giving information W. J. Freeland How related to deceased Husband

CAUSES OF DEATH

104

Primary Acute Indigestion How long 2 days

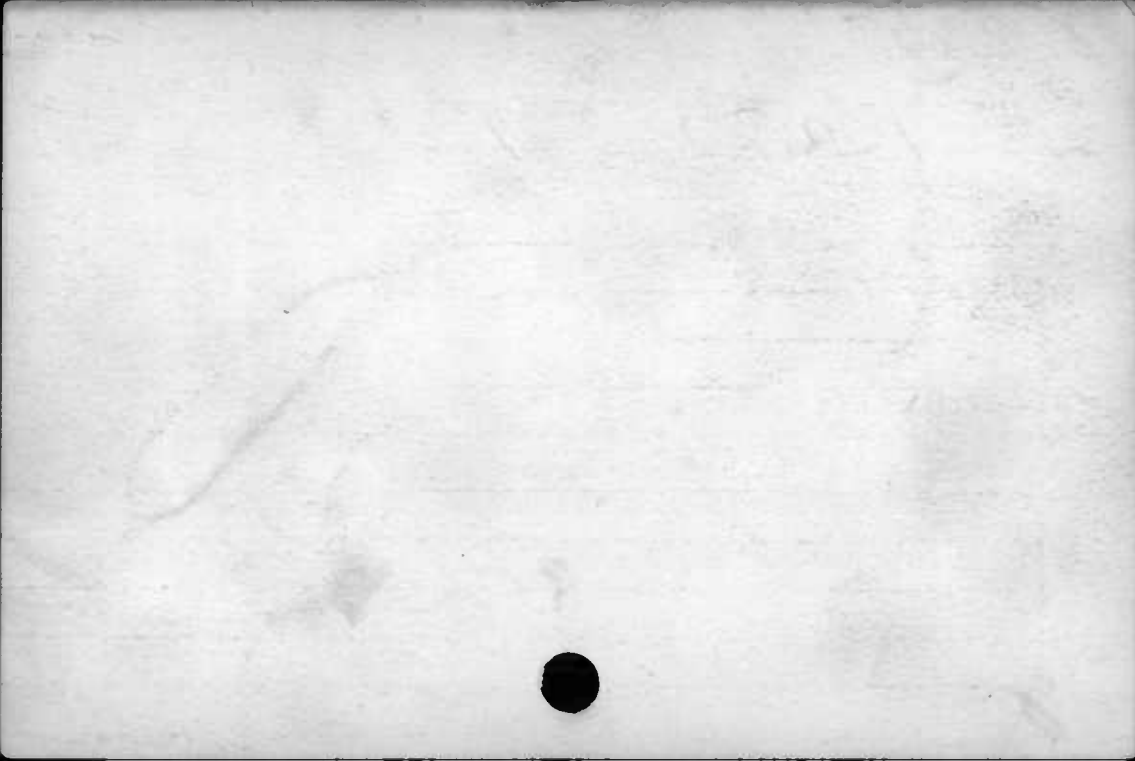
Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. Millard Stuhling

Address Shumers Md.

Accident or Suicide?



Name
in
Full

Fred E Gaubriel

CERTIFICATE OF DEATH

Died at *White Marsh* ^{Town} *Baltimore* ^{County}

MARYLAND

Date of death *1907 Dec 31* ^{Month} *31* ^{Day} *68* ^{Years} *68* ^{Months} *—* ^{Days} *—*Sex *male* Color or Race *white* Birth-place *md*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *married* Name of Wife or Husband *Jane Gaubriel*Father's Name *Wm Gaubriel*Father's Birthplace *md*Mother's Maiden Name *McKusick*Mother's Birthplace *md*Name of person giving information *Geo Moore*How related to deceased *brother in law*

CAUSES OF DEATH

(68)

Primary *Dementia*How long *6 mos*Immediate *Aschemia*How long *3 mos*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

John W. Harrison M.D.
*Middle River Md*Accident or Suicide? *no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

413

Camp Chapel

Name in Full		Certificate of Death			
Rebecca Jane Gardner		Town Lutherville		County Baltimore	
Died at		Date of death		Maryland	
1907		Month Dec		Day 15	
Age		Years 16		Months 11	
Sex Female		Color or Race (col)		Birth-place Md.	
Occupation Housework		Where Residing if not at place of death Lutherville			
Married, Single or Widowed Single		Name of Wife or Husband Thomas Gardner			
Father's Name Nathan Dorland		Father's Birthplace Md.			
Mother's Maiden Name Lizzie Jones		Mother's Birthplace Md.			
Name of person giving information Thomas Gardner		How related to deceased Husband			
CAUSES OF DEATH					
Primary Phthisis Pulmonalis		How long 6 wks.			
Immediate Cardiac Asthenia		How long 24 hrs.			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. Royce Green M.D.			
Address [Redacted]		Address Covington Md.			
Accident or Suicide?					

H. C. Brooks & Co

Philopolis
Ind

Name
in
Full

Rebecca Garritten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town		<i>Balt</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>13</i>		Age <i>75</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months		Days	
Occupation				Where Residing if not at place of death <i>3420 Myrtle Place</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Garritten</i>							
Father's Name <i>Not known</i>		Father's Birthplace							
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace							
Name of person giving information <i>John Hedrick</i>		How related to deceased <i>unknown</i>							

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile Debility</i>		How long <i>3 yrs.</i>	
Immediate <i>Asthma</i>		How long <i>2 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Geo L. Ormes</i>	
<i>No</i>		Address <i>3 and Gough</i>	
Accident or Suicide? <i>No</i>		<i>Highlandtown Md.</i>	

London Park

H B Hughes

17 503dy

Name
in
Full

Sister Mary Louis Givan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Marys</i> ^{Town} <i>near Catonsville</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>28</i>	Age <i>67</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Scotland</i>	Months <i>5</i> Days <i>14</i>
Occupation <i>Religious</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>John Givan</i>	Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Jane McKenell</i>	Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Mother Ignatia Aikin</i>	How related to deceased <i>not at all</i>		

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>over 40 years</i>
Immediate <i>Pulmonary Embolism, Cardiac failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Glenn H. Monahan</i>
	Address <i>Duckeyville, Ind.</i>
Accident or Suicide?	

Mrs. C. Pruster & Sons
Mount De Sales.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec.</i>	Day <i>25</i>	Age <i>19</i> Years <i>25</i> Months <i>19</i> Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>		
Father's Name <i>James H. Goodwin</i>	Father's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>Margaret Woughton</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>J. H. Goodwin</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>9 days</i>
Immediate <i>Asthma</i>	How long <i>3 "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. J. McAvoy M.D.</i>
	Address <i>539 S. Canton</i>
	<i>Balto. Md</i>
Accident or Suicide?	

- Me 2nd.

J. H. Sanger & Son
Baltimore, Maryland

Name
in
Full

William Gore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

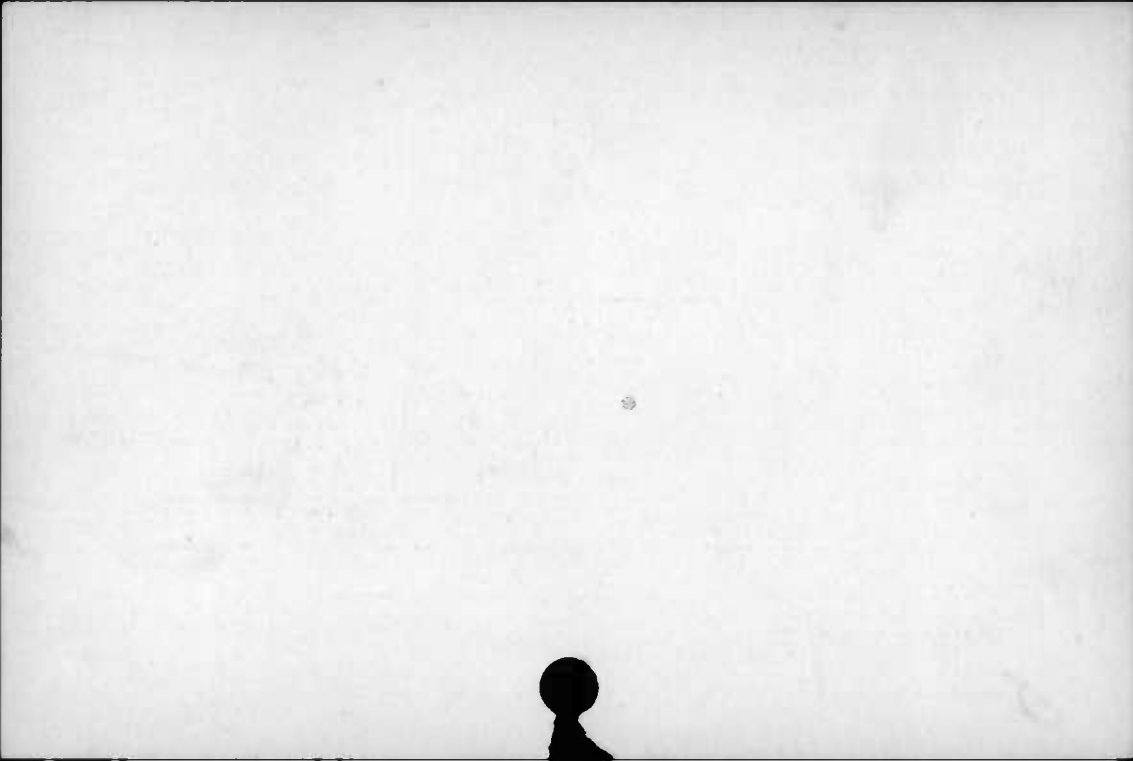
Died at		Town <i>near Reisterstown</i>		County <i>Balto Co</i>		MARYLAND					
Date of death		Month <i>Dec</i>		Day <i>3</i>		Years <i>75</i>		Months <i>8</i>		Days <i>1</i>	
Sex		<i>White Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co</i>					
Occupation <i>carpenter</i>				Where Residing if not at place of death <i>near Reisterstown</i>							
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband <i>Sarah A. Gore</i>							
Father's Name		<i>William Gore</i>				Father's Birthplace <i>Balto Co</i>					
Mother's Maiden Name		<i>Isabelle Choate</i>				Mother's Birthplace <i>Balto Co</i>					
Name of person giving information		<i>Naomi Willhide</i>				How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		<i>Heart Disease of Heart</i>		How long <i>3 yrs</i>	
Immediate		<i>coma</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. W. Seader</i>		Address <i>Reisterstown, Md</i>	
Accident or Suicide?					



Name
in
Full

Walter J. Gray Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Grange Town Baeto County

Date of death 1907 Month 12 Day 15 Age — Years — Months — Days —

Sex Male Color or Race White Birth-place Grange

Occupation — Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Walter J. Gray Father's Birthplace Md.

Mother's Maiden Name Etta Jones Mother's Birthplace Md.

Name of person giving information Walter J. Gray How related to deceased Father

CAUSES OF DEATH

Primary 7 Mos. Premature birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. F. A. Glantz

41 Eastern Ave. E.L.

Accident or Suicide?

Walter T. Gray

Mr Carmel Cunnley

Name
in
Full

Catherine Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Averlea</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>12</u>	Day <u>21</u>	Age <u>87</u>	Years <u>1</u>	Months <u>21</u>
Sex <u>F.</u>	Color or Race <u>W.</u>		Birth-place <u>Germany</u>		
Occupation <u>Wid.</u>			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Amigard Gross</u>			
Father's Name <u>Leich</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Mrs. John Markert</u>		How related to deceased <u>Daughter.</u>			

CAUSES OF DEATH

(164)

PHYSICIAN
OR CORONER

Primary	<u>Senile debility; intra capsular fracture of femur.</u>	How long <u>one week ago.</u>
Immediate	<u>Cardiac Asthenia</u>	How long <u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>A. L. Wilkinson</u>
Address <u>Raspeburg</u>		
Accident or Suicide? <u>Death does indirectly to accident.</u>		

Levach
St. alphonse

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Carlton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	<u>Dec.</u> ^{Month}	<u>25</u> ^{Day}	Age	<u>2 Hours</u> ^{Months} <u>2</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>None</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>None</u>			
Father's Name	<u>Charles E. Smither</u>			Father's Birthplace	<u>Baltimore</u>
Mother's Maiden Name	<u>Isabella Andrews</u>			Mother's Birthplace	<u>Baltimore</u>
Name of person giving In formation	<u>Charles E. Smither</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

Primary	<u>Spasms. Weakness</u>	How long	<u>71</u> <u>Lined for Hour</u>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Mrs M. Schoening.
703 Third St.
Highlandtown

J. Sanderson
M. Carroll Cassin

Name
in
Full

Albert Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

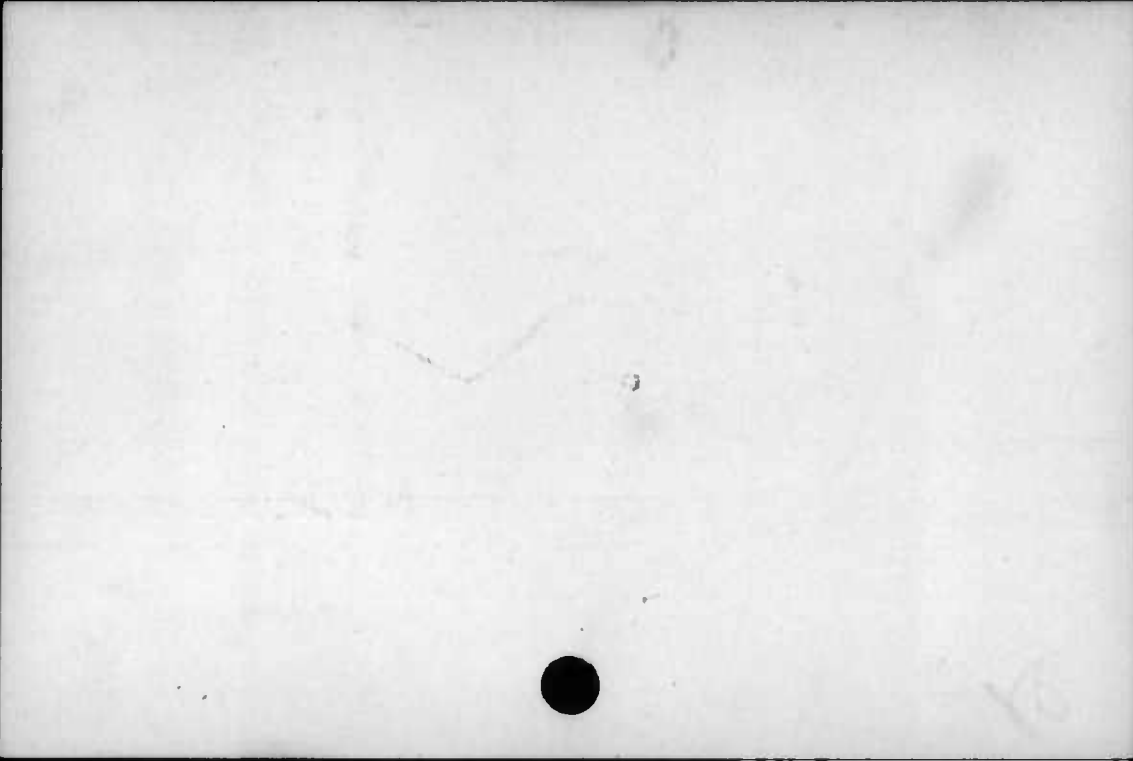
Died at <u>Grosmont</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	1907	Month	Lee	Day	19
Sex	Male	Color or Race	Black	Years	4
Occupation	<u>---</u>		Birth place	<u>Grosmont</u>	
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u>✓</u>		
Father's Name	<u>Henry Hall</u>			Father's Birthplace	<u>Grosmont</u>
Mother's Maiden Name	<u>Mary Lee</u>			Mother's Birthplace	<u>Grosmont</u>
Name of person giving information	<u>Henry Hall</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	<u>Phthisis</u>	How long	<u>2 days</u>
Immediate	<u>As this</u>	How long	<u>..</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Leslie S. Buppert</u>
<input checked="" type="checkbox"/> Accident or Suicide?		Address	<u>Roslyn</u> <u>Balto Co Md</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Cithel May Hall</i>		Town <i>Grange</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Grange</i>		Date of death <i>1907</i>		Month <i>12</i>		Day <i>20th</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>1</i>		Years <i>11</i>	
Occupation <i>None</i>		Birth-place <i>Ma</i>		Where Residing if not at place of death <i>Grange Balto Co Md</i>		Months	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name <i>James B. Hall</i>		Father's Birthplace <i>Ma</i>	
Mother's Maiden Name <i>Mora Johnson</i>		Name of person giving information <i>James P. Hall</i>		Mother's Birthplace <i>Ma</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. J. Young</i>
Accident or Suicide?	Address <i>1735 W. B. Drury</i>

Albert C. Fuller.

Oak Lawn Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

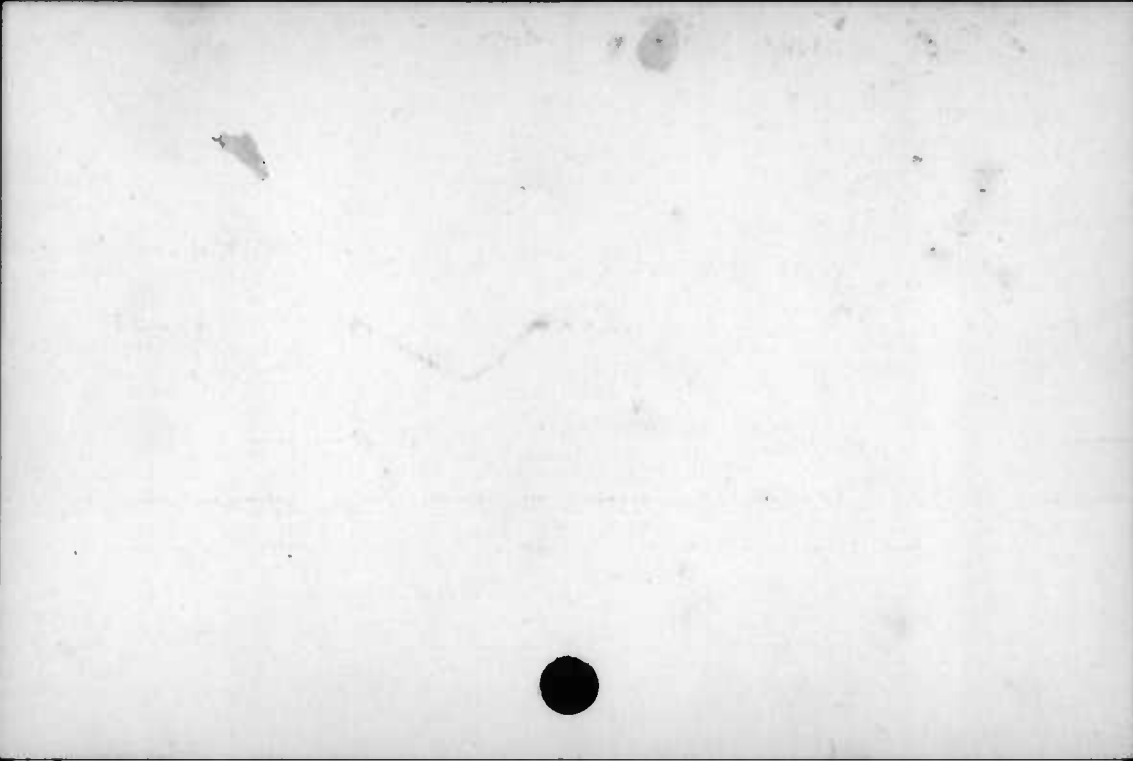
Died at <u>Gauley</u> Town <u>Berks</u> County		MARYLAND	
Date of death <u>1907</u> Month <u>Dec</u> Day <u>19</u> Age <u>—</u> Years <u>—</u> Months <u>—</u> Days <u>3</u>			
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Gauley</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>Gauley</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Henry Hall</u>	Father's Birthplace <u>Gauley</u>		
Mother's Maiden Name <u>Mary Lee</u>	Mother's Birthplace <u>Gauley</u>		
Name of person giving information <u>Henry Hall</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

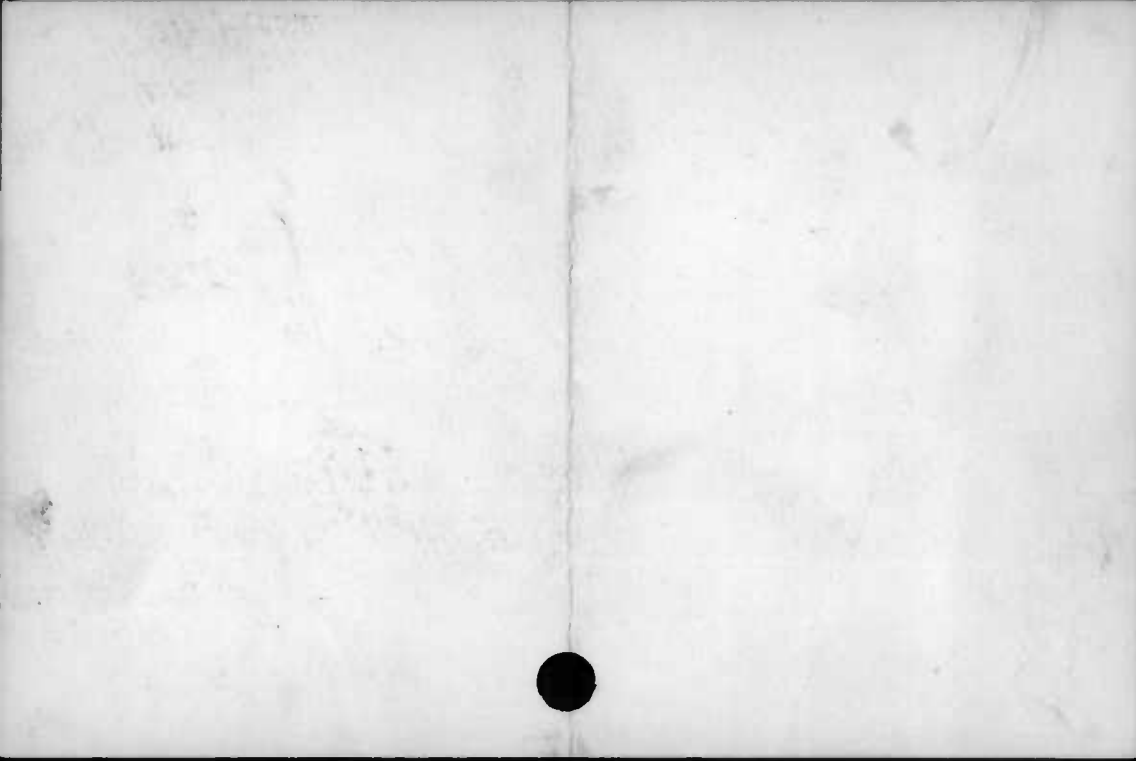
93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 days</u>
Immediate <u>As theine</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Leorn & Bippel</u>
	Address <u>Rogin</u>
Accident or Suicide? <u>—</u>	



Name in Full		7 William George Harmony				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Morrison		Harris County		MARYLAND		
	Date of death	190	Month	Dec	Day	23	Age	4
	Sex	male		Color or Race	white		Birth-place	Harris P. O. Md
	Occupation	Child. room			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Harry Chodas Harmony				Father's Birthplace	Harris County	
	Mother's Maiden Name	Alma Morris				Mother's Birthplace	Harris County	
Name of person giving information	Harry G. Harmony				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	La. Grippe				How long	10 days	
	Immediate	Gastro Enteritis				How long	5 days	
	Are the name, age, sex, color, date and place correctly given above?				Yes			
	Signature of Physician				Dr. M. B. Buisson			
Address				Cockeysville Md				
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monkton</i>		County <i>Balto</i>		MARYLAND	
Date of death 190	Month <i>2th</i>	Day <i>21st</i>	Age Years	Months <i>9</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birthplace <i>Monkton</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>George Taylor Harris</i>		Father's Birthplace <i>Rail G</i>			
Mother's Maiden Name <i>Elizabeth Askey</i>		Mother's Birthplace <i>Va.</i>			
Name of person giving information <i>J. Myers Pearce</i>		How related to deceased			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Malaria</i>	How long <i>4 mo</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. R. Payne</i>
	Address <i>Corbett</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John W. Hawkins

Died at Relay Town

Baltimore County

MARYLAND

Date of death 1907 Dec.

Month

Day 30

Age 83 Years

6 Months

Days

Sex Male

Color or Race

Colored

Birth place

Maryland

Occupation

Laborer

Where Residing if not at place of death

Relay, Md.

Married, Single or Widowed

Name of Wife or Husband

Emily Scott

Father's Name

John Hawkins

Father's Birthplace

Maryland

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving information

William N. Hawkins

How related to deceased

Son

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary

Old age

How long

Immediate

Arterio Sclerosis - Cerebral hemorrhage

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wm R. Eareckson

Address

Elex Ridge, Md.

Accident or Suicide?

Crowleville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907.		Dec	25		no	no	6
Sex		Color or Race		Birth-place			
male		white		Lansdowne			
Occupation		Where Residing if not at place of death					
none		Lansdowne					
Married, Single or Widowed		Name of Wife or Husband					
Single		Infant					
Father's Name		Father's Birthplace					
Charles E. Henneman		Baltimore					
Mother's Maiden Name		Mother's Birthplace					
Minnie Rider		Baltimore					
Name of person giving information		How related to deceased					
Charles E. Henneman		Father					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Congenital Debility	How long	4 days
Immediate	Inward Convulsions	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. Glenn	
		Address	
		1111 Williams'	
		md.	
Accident or Suicide?			

Wm J. Tucker & Sons
London Park

Name
in
Full

Andrew Hiltner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>2</i>	Age <i>37</i>	Months <i>10</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Signal Lightman R.R.</i>			Where Residing if not at place of death <i>Ind.</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Atter Harriet B.R.</i>				
Father's Name <i>Jacob Hiltner</i>			Father's Birthplace <i>German</i>		
Mother's Maiden Name <i>Elizabeth Farnell</i>			Mother's Birthplace <i>German</i>		
Name of person giving information <i>Anne M. Dangle</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthis Pulmonaris</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Schiefel</i>
	Address <i>1400 First an</i>
Accident or Suicide? <i>—</i>	

Oak Lawn Cemy
December 4th, 1907.

John A. Moran.

Name
in
Full

Georges Francis Hinder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

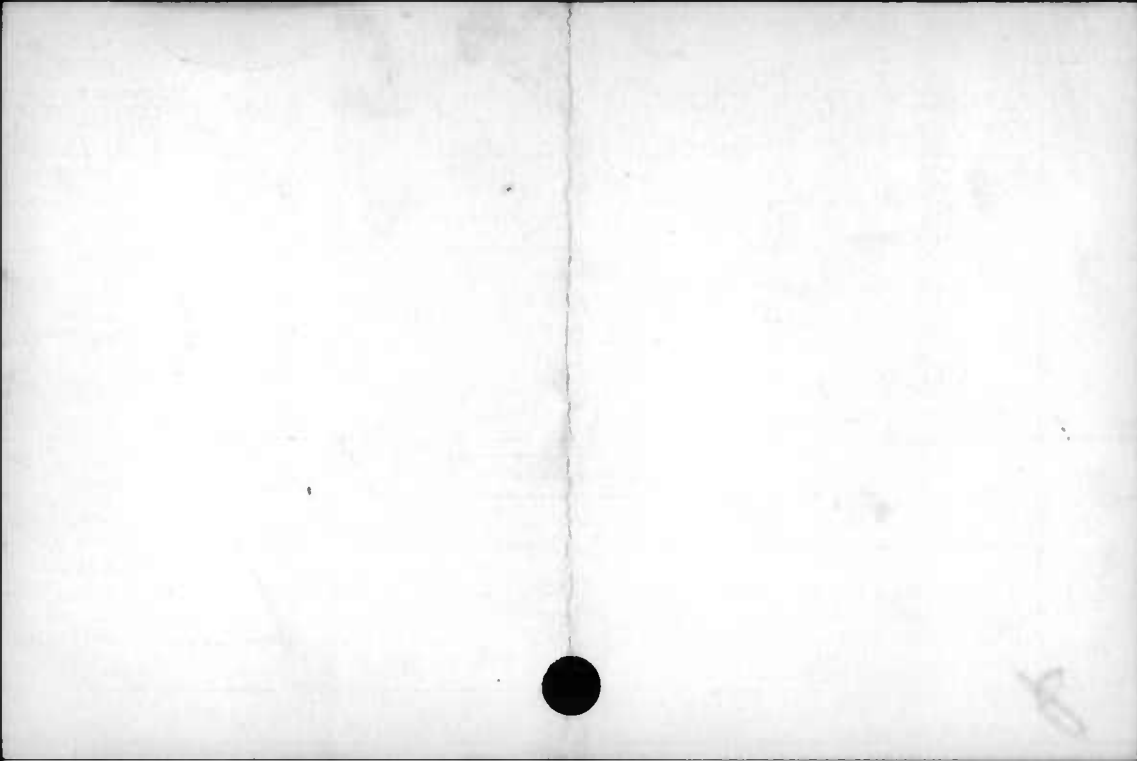
Died at		Town <i>Long Green</i>		County <i>Balto.</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>29th</i>	Age Years	Months	Days <i>30</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Long Green Md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>George D. Hinder</i>			Father's Birthplace <i>Balto Co Md</i>				
Mother's Maiden Name <i>Nannie M. Lacey</i>			Mother's Birthplace <i>Balto. Co. Md.</i>				
Name of person giving information <i>Geo. D. Hinder</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La'dsuppe</i>	How long <i>10 days</i>
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Green</i>
	Address <i>Gittings</i>
Accident or Suicide	<i>Md.</i>



Name
in
Full

Edward J. Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

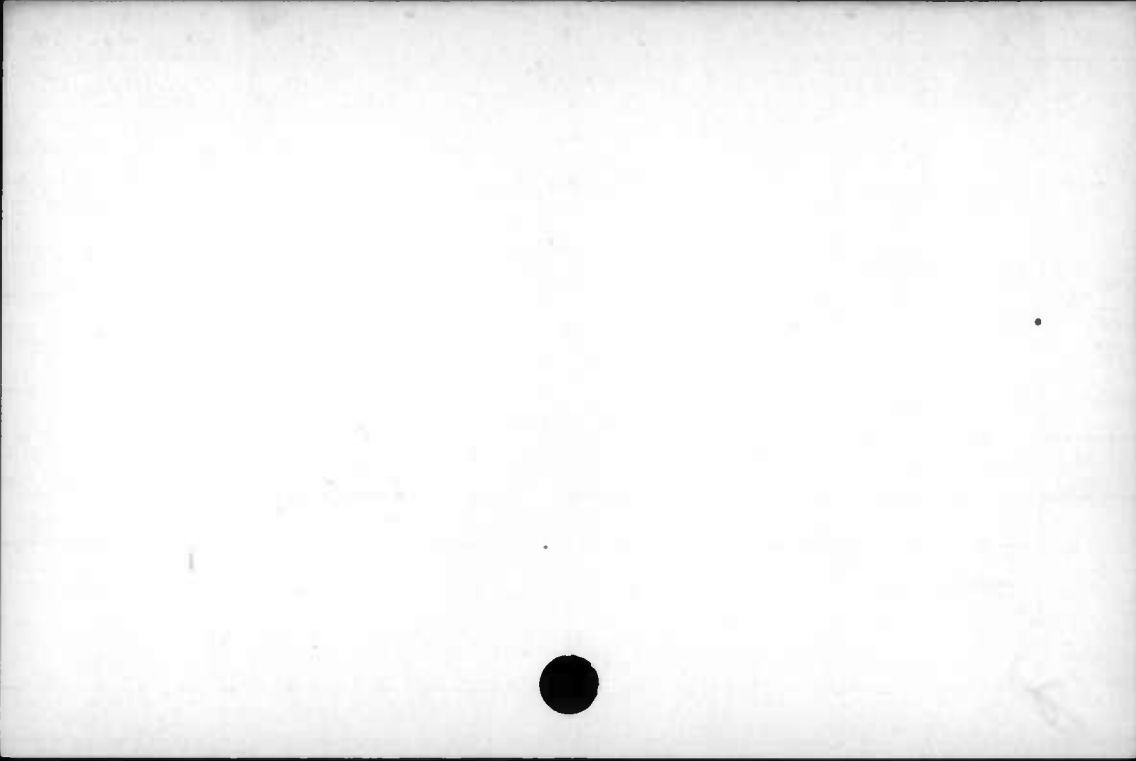
Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>December</i>		Day <i>15th</i>		Age <i>36</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>United States</i>			
Occupation <i>Machinist</i>		Where Residing if not at place of death <i>11 Dorsey Lane</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>August Hoffman</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unknown Helen Griel</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Previous Hospital history</i>		How related to deceased					




CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

Primary <i>Suppurative Parotitis ?</i>	How long <i>Unknown</i>
Immediate <i>Asphyxiation from Pulmonary edema.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Sandrock</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide? <i>—</i>	



Name in Full		Samuel Hawood				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Barton Run		County		BALD	
	Date of death		1907	Month	Dec	Day	7
	Age		83	Years	9	Months	5
	Sex	Male		Color or Race	White		
	Occupation	Laborer		Where Residing if not at place of death	Barton Md		
	Married, Single or Widowed	Name of Wife Widowed Rebecca Ann Russell					
	Father's Name	Jorrett Hawood			Father's Birthplace	Unknown	
Mother's Maiden Name	Elizabeth Hanson			Mother's Birthplace	Unknown		
Name of person giving information	Jorrett Hawood			How related to deceased	Son		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(65)</div>							
PHYSICIAN OR CORONER	Primary	Acute Softening Brain			How long	7 days	
	Immediate	Paralysis Respiratory center			How long	one hour	
	Are the name, age, sex, color, date and place correctly given above?			Yes			
	Signature of Physician			H. M. S. Hanson			
Address			Cockeysville Md				
<div style="text-align: center;">  </div>							
<div style="text-align: center;">  </div>							
<div style="text-align: center;">  </div>							

Interment at Borley
on Tuesday 10th.

W. L. Brooks

Name
in
Full

Joseph Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

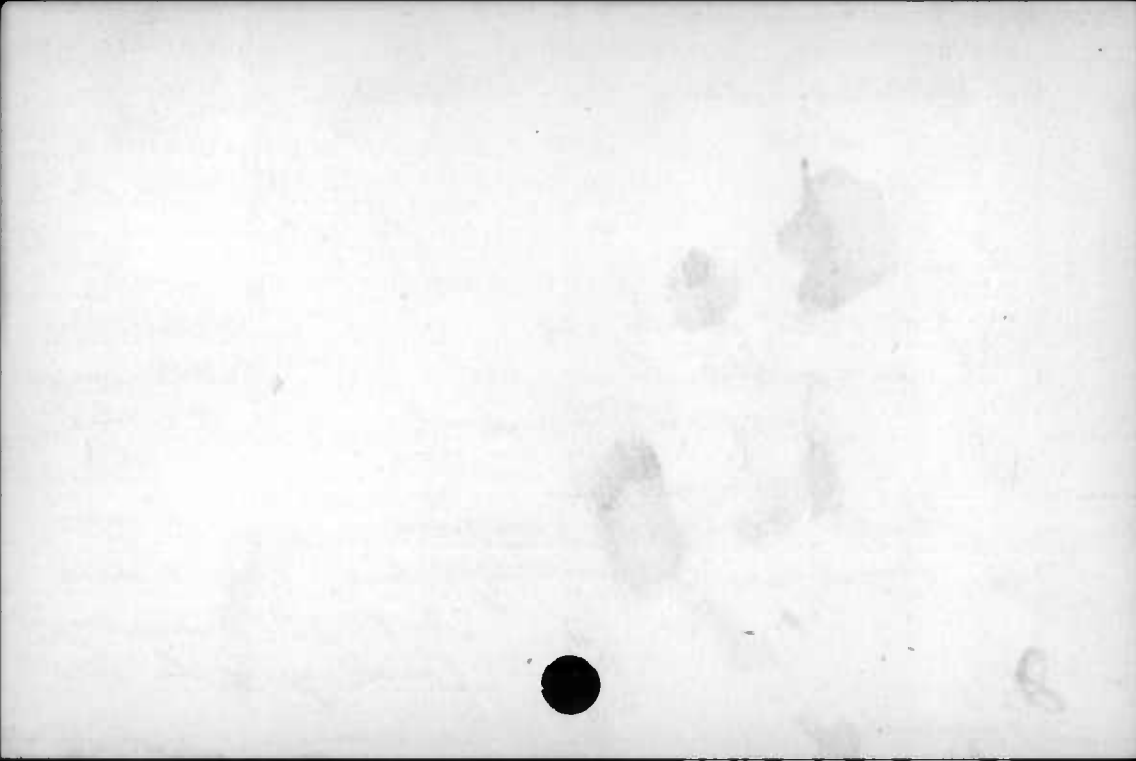
Died at		Town		County		MARYLAND	
Perry Hall				Baltimore			
Date of death	1907	Month	12	Day	30	Age	51
Sex		male		Color or Race		white	
Birth-place		Germany		Occupation		Farmer	
Where Residing if not at place of death		Same		Married, Single or Widowed		Married	
Name of Wife or Husband		Marie C. Horner		Father's Name		Ludwig Horner	
Father's Birthplace		Germany		Mother's Maiden Name		Not known	
Mother's Birthplace		unknown		Name of person giving information		Marie C. Horner	
How related to deceased		wife					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Tuberculosis Intestinal		How long	6 months
Immediate	Profuse		How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. F. H. Gorsuch		
Address		Folk Md -		
Accident or Suicide?				



Name
in
Full

Belle Huanix

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

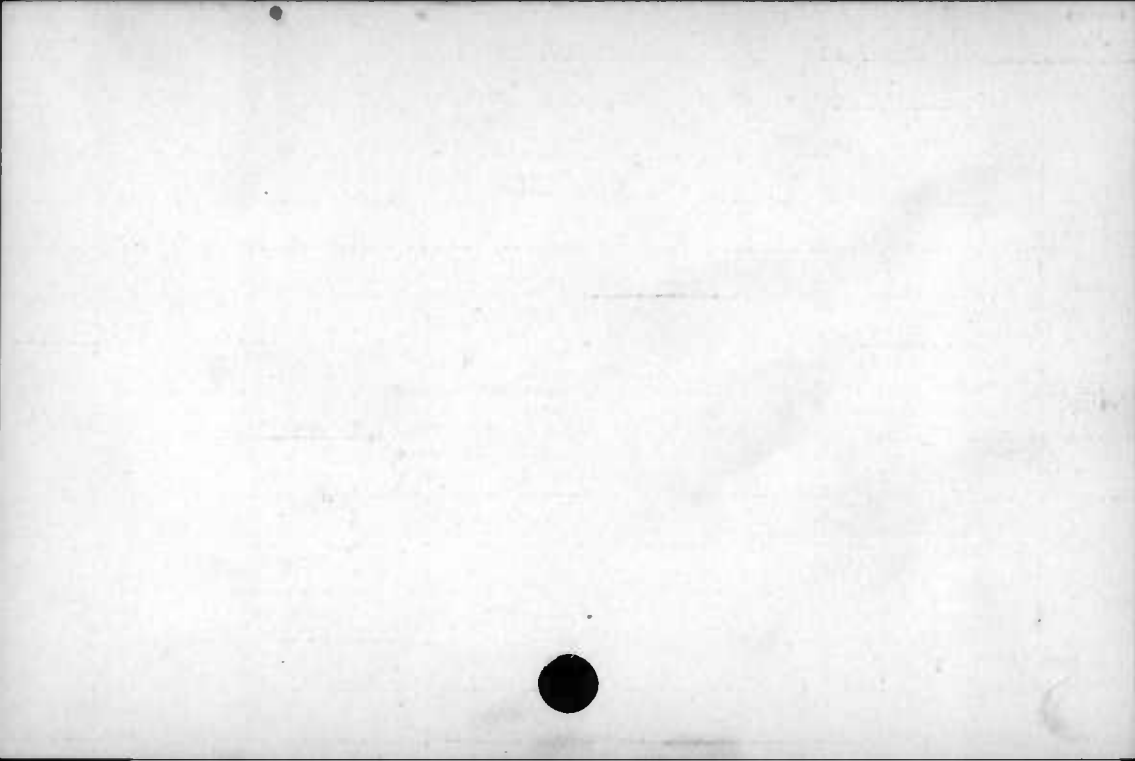
Died at <u>Mt Hope Retreat</u> <u>Beallmon</u> <u>County</u>		TOWN		COUNTY		MARYLAND	
Date of death	1907	Month	Dec	Day	17	Age	37
Sex	Female	Color or Race	White	Months	Unknown	Years	Unknown
Occupation	Wife of Retail Druggist		Where Residing if not at place of death	Greenville S.C.			
Married, Single or Widowed	Married	Name of Wife or Husband	Not Known				
Father's Name	Not Known			Father's Birthplace	Unknown		
Mother's Maiden Name	11	11	Mother's Birthplace	11			
Name of person giving information	Reeds Mt Hope Retreat			How related to deceased	Not at all		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	Mania acute	How long	abt 3 mos -
Immediate	Ex meningitis of toxic origin	How long	abt 2 10K -
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Frank J. Flannery	
Address		Mt Hope Retreat Mt Hope Md.	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	9	57		5	26
Sex		Color or Race		Birth-place			
Male		White		Germany			
Occupation				Where Residing if not at place of death			
Pastor							
Married, Single or Widowed		Name of Wife or Husband					
Married		Maggie Joehnske					
Father's Name		Charles Joehnske		Father's Birthplace		Germany	
Mother's Maiden Name		Not known		Mother's Birthplace		Germany	
Name of person giving information		Maggie Joehnske		How related to deceased		Wife	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Principal		How long	
Anemia General Debility		1 year	
Immediate		How long	
Endocarditis		2 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Walter Thomas	
		Address	
		1228 N. Carolina St.	
Accident or Suicide?			

Trinity, Conn
Hazard & Son

Name
in
Full

Andrew John

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{County}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1907	Month	Dec.	Day	2
				Age	67
				Years	3
				Months	3
				Days	3
Sex	Male		Color or Race	White	
Birth-place	Germany				
Occupation	Brewer		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband	Annie Maria John	
Father's Name	Sottich John		Father's Birthplace	Germany	
Mother's Maiden Name	Dont Know		Mother's Birthplace	Germany	
Name of person giving information	Annie Maria John		How related to deceased	Wife	

CAUSES OF DEATH

(27)

B.R.

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis		How long	11 mo
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			1120 Highland	
Accident or Suicide?		no		

Al. Warner,

Take Love
H. Sander & Co

Name
in
Full

Leanna Coleman Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at West Roland Park, Md. Baltimore County

Date of death 1907 Dec 4 Age 35 Months 3 Days 11

Sex Female Color or Race Colored Birth-place Baltimore Md.

Occupation Housewife Where Residing if not at place of death Place of death

Married, Single or Widowed Married Name of wife or Husband Armon C. Johnson

Father's Name Thomas C. Coleman Father's Birthplace Va.

Mother's Maiden Name Does not know Mother's Birthplace Does not know

Name of person giving information Armon C. Johnson How related to deceased Husband

CAUSES OF DEATH

79

Primary Mitral Regurgitation How long 1 1/2 months

Immediate General Edema (Edema of lungs) How long 6 mos (3 weeks)

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician M. Libby Porter

Address Roland Park Md.

Accident or Suicide? No

A. S. MacCall
3539 Fall Road

Dec 6-87 at Laurens Center
Balt City

Name
in
Full

Ellen Kelley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

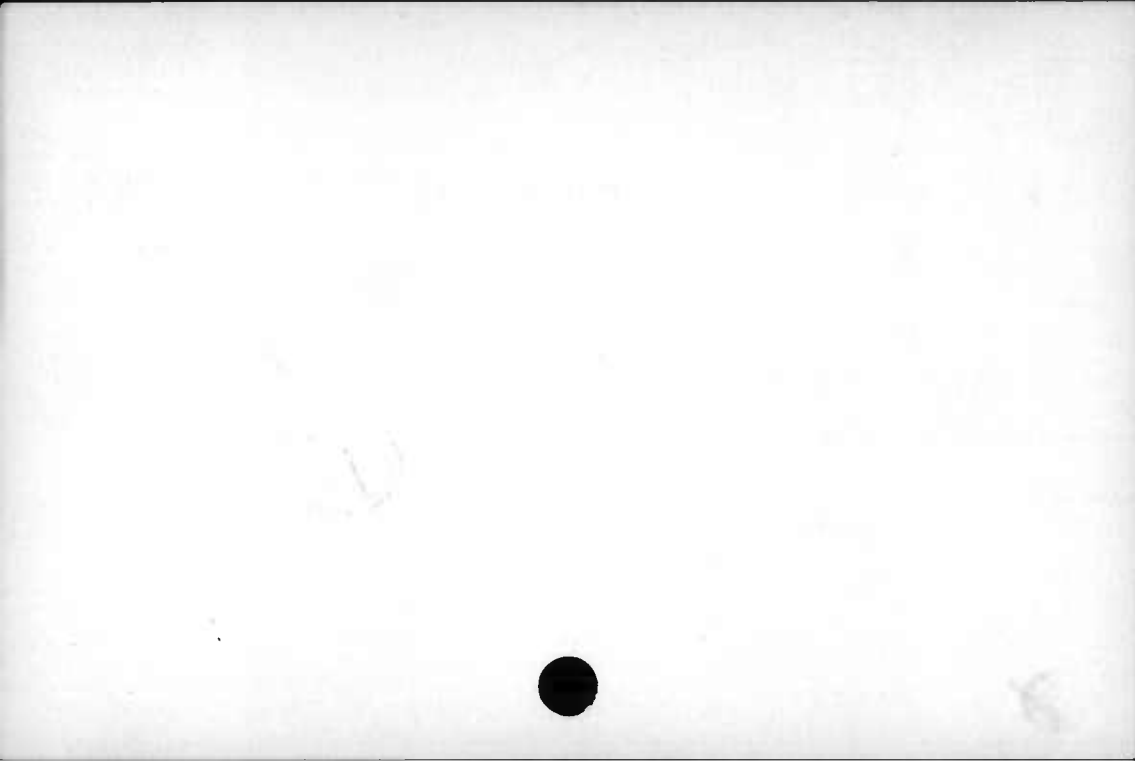
Died at		Town <i>Jacksonville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Dec.	Day	10	Years	Age 75
Sex	Female		Color or Race	white		Birthplace	Baltimore Co., Md.
Occupation	none		Where Residing if not at place of death		Jacksonville		
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Edward Kelley				Father's Birthplace	Balt. Co., Md.	
Mother's Maiden Name	Cynthia Tracey				Mother's Birthplace	Balt. Co., Md.	
Name of person giving information	Elizabeth Price				How related to deceased	sister	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Grip</i>	How long	<i>6 days</i>
Immediate	<i>Heart failure</i>	How long	<i>instantly</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. H. Emory, Jr., D.</i>
		Address	<i>Monkton, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert Knight

Died at Sparrows Point

Town

Baltimore

County

MARYLAND

Date

of death 1907

Month

Dec.

Day

9th

Age

Years

Months

1

Days

Sex

Male

Color or
Race

colored

Birth-
place

Sparrows Point

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Knight

Father's
Birthplace

Va

Mother's
Maiden Name

Lilly Peace

Mother's
Birthplace

Va

Name of person giving
Information

John Knight

How related
to deceased

father

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary

Congenital Syphilis

How long

since birth

Immediate

Acute Bronchitis

How long

4 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

G. C. McCormick M.D.

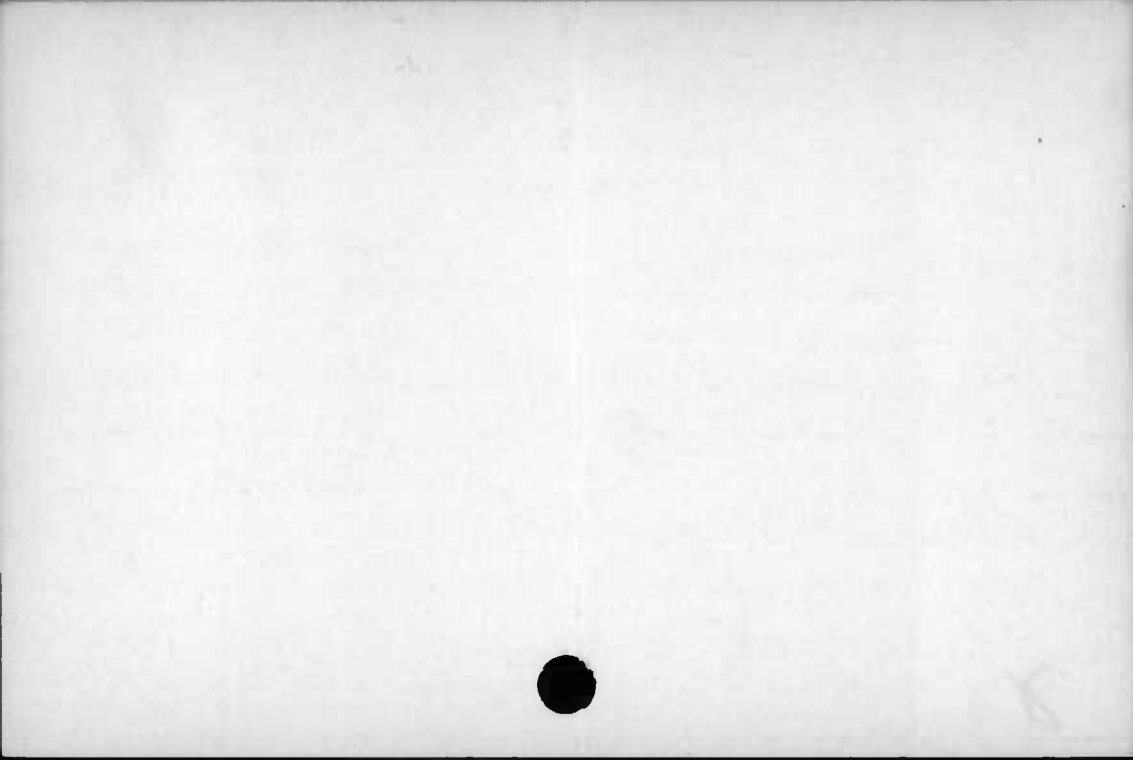
Address

Sparrows Point

Md.

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm E Knoff</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>12</i>		Day <i>21</i>		Years <i>71</i>	
Date of death <i>1907</i>		Month <i>12</i>		Day <i>21</i>		Years <i>71</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Police man</i>		Where Residing if not at place of death <i>Pikesville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Do Not Know</i>		Father's Birthplace <i>Do Not Know</i>					
Mother's Maiden Name <i>Do Not Know</i>		Mother's Birthplace <i>Do Not Know</i>					
Name of person giving information <i>H. H. Mathews</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

195

PHYSICIAN
OR CORONER

Primary <i>Brain Abscess</i>	How long <i>more or less</i>
Immediate <i>Congestion lungs</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W E M</i>
	Address <i>Pikesville Md</i>
Accident or Suicide?	

Jacob H. Knapth
London Park Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James M. Kyle</i>		Town <i>Richmond</i>		County <i>Baltimore Co.</i>		MARYLAND					
Died at		Month <i>December</i>		Day <i>19</i>		Years <i>48</i>		Months <i>10</i>		Days <i>8</i>	
Date of death 190 <i>7</i>		Age <i>48</i>		Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Hartford Co.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>		Name of Wife or Husband <i>Ann Jane Kyle</i>		Father's Name <i>John Kyle</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>		Name of person giving information <i>Mrs Ann Jane Kyle</i>		How related to deceased <i>His widow</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>fracture of 7th & 8th ribs</i>		How long <i>3 weeks + 2 days</i>	
Immediate <i>pneumonia</i>		How long <i>two weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Charles Bagley M.D.</i>	
Address <i>Bagley Md.</i>		Address <i>Bagley Md.</i>	
Accident <i>Don't know</i>			



Name
in
Full

Samuel Meade Lawder

CERTIFICATE OF DEATH

Died at ^{Town} *West Abington*^{County} *Balto*

MARYLAND

Date of death *1907 Dec*Day *7*Age *75* YearsMonths *1*Days *11*Sex *Male*Color or Race *White*Birth-place *Balto city*Occupation *Commission Merchant*Where Residing if not at place of death *West Abington*Married, Single or Widowed *Married*

Name of Wife or Husband _____

Father's Name *Samuel M. Lawder*Father's Birthplace *Md.*Mother's Maiden Name *Mary Ann Barkman*Mother's Birthplace *Md.*Name of person giving information *Gertrude L. Lawder*How related to deceased *Wife*

CAUSES OF DEATH

120Primary *Bright's Disease*How long *Years*Immediate *Nephritis*How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. S. [Signature]*Address *Abington*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

A S Marshall
3539 Falls Road

✓ Buchanan Park Dec 10-7

Name
in
Full

Lydia H. Lust.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Rahls.*

Town

County

MARYLAND

Date of death

1907 Dec

Month

Day

31

Age

Years

46

Months

Days

24

Sex

Female

Color or
Race

White

Birth-
place

Gemma

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Peter L. Lust.

Father's
Name

Sereal Shores

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Keller

Mother's
Birthplace

Gemma

Name of person giving
In formation

Lydia H. Lust.

How related
to deceased

Husband.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

About 1 yr.

Immediate

Oedema of Lungs

How long

About 5 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

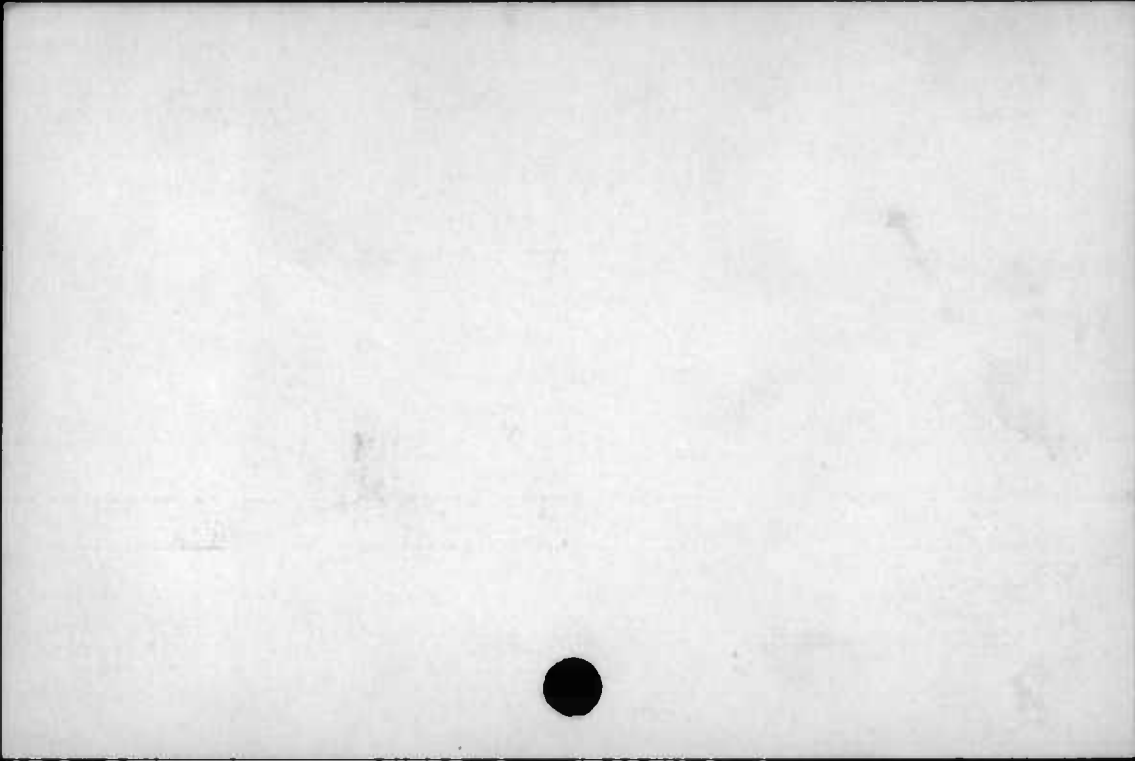
Signature of
Physician

Address

Jas L. Yagle,
New Freedom,
Pa.

Accident or Suicide?

—



Name
in
Full

Mrs Lucy Maria Loomis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Victoryville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>31</i>	Age <i>82</i>	Years	Months <i>8</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mass.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>George Hermon Loomis</i>						
Father's Name <i>Samuel Shepherd</i>	Father's Birthplace <i>Mass</i>						
Mother's Maiden Name <i>Hutton</i>	Mother's Birthplace <i>Mass</i>						
Name of person giving information <i>Mrs Est Hutton</i>			How related to deceased <i>Grand daughter</i>				

CAUSES OF DEATH

(10)

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>one week</i>
Immediate <i>Coma</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Harold M. Morrison</i>
	Address <i>Victoryville, Md.</i>
Accident or Suicide?	

Louanna Cren

Just Back F.D.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Andrew M. Love* Town *Turners Sta.* County *Balto-* MARYLAND

Died at *Turners Sta.*

Date of death *1907* Month *Dec* Day *5* Age *—* Years *—* Months *—* Days *28*

Sex *male* Color or Race *white* Birth-place *Turners Sta.*

Occupation *—* Where Residing if not at place of death *Turners Sta.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Andrew Love* Father's Birthplace *Baltimore City*

Mother's Maiden Name *Louise Altwalter* Mother's Birthplace *Balto. City*

Name of person giving information *Andrew Love* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *marasmus* How long *month*

Immediate *Exhaustion* How long *10 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

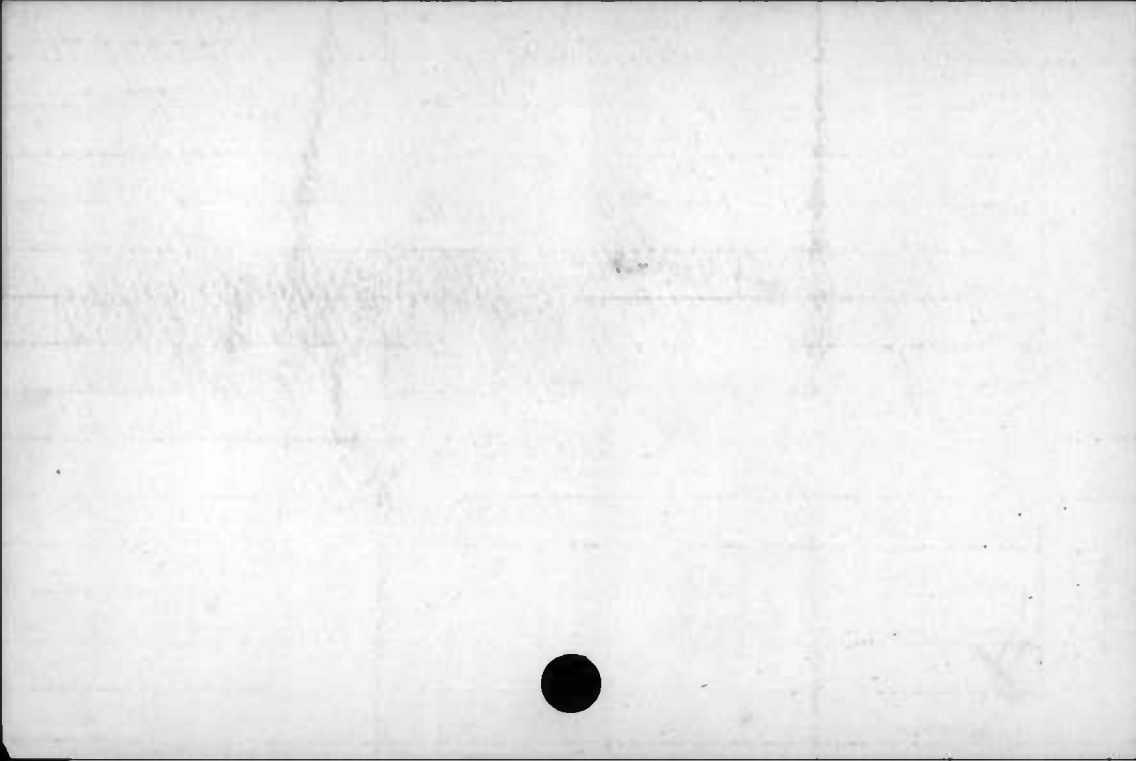
Signature of Physician *W. P. Petterkian M.D.*

Address *Sparrow's Pt. Md.*

8 Accident or Suicide? *—*



Name in Full		Perry F Lowe				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Delight</i>		Town <i>Delight</i>		County <i>Balto</i>		STATE <i>MARYLAND</i>
	Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>6</i>	Age <i>79</i>	Years	Months	Days
	Sex <i>Male</i>		Color or Race <i>white</i>		Birthplace <i>Balto co Md</i>		
	Occupation <i>Farmer</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hellen Lowe</i>				
	Father's Name <i>Edward H Lowe</i>				Father's Birthplace <i>Balto co Md</i>		
	Mother's Maiden Name <i>Rebecca Gosnell</i>				Mother's Birthplace <i>Balto co Md</i>		
	Name of person giving information <i>Eugene Lowe</i>				How related to deceased <i>Son</i>		
CAUSES OF DEATH							(56)
PHYSICIAN OR CORONER	Primary <i>Infirmities, accident to old age and Intemperance</i>				How long <i>Two or three years</i>		
	Immediate <i>Heart Failure</i>				How long <i>2 or 3 hours</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>W H Campbell</i>		
					Address <i>Owens Mills Md</i>		
Accident or Suicide?							



Name
in
Full

Anna Lutz

Baets

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Rossville ^{Town}Baets ^{County}

MARYLAND

Date
of death 1907Month
DecDay
31Age
Years —Months
—Days
8Sex
FemaleColor or
Race WhiteBirth
place MedOccupation
—Where Residing if not
at place of death
—Married, Single
or Widowed —Name of Wife or
Husband —Father's
Name Geo W LutzFather's
Birthplace MedMother's
Maiden Name Maggie HillenMother's
Birthplace MedName of person giving
In formation Adams LutzHow related
to deceased Bro.

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

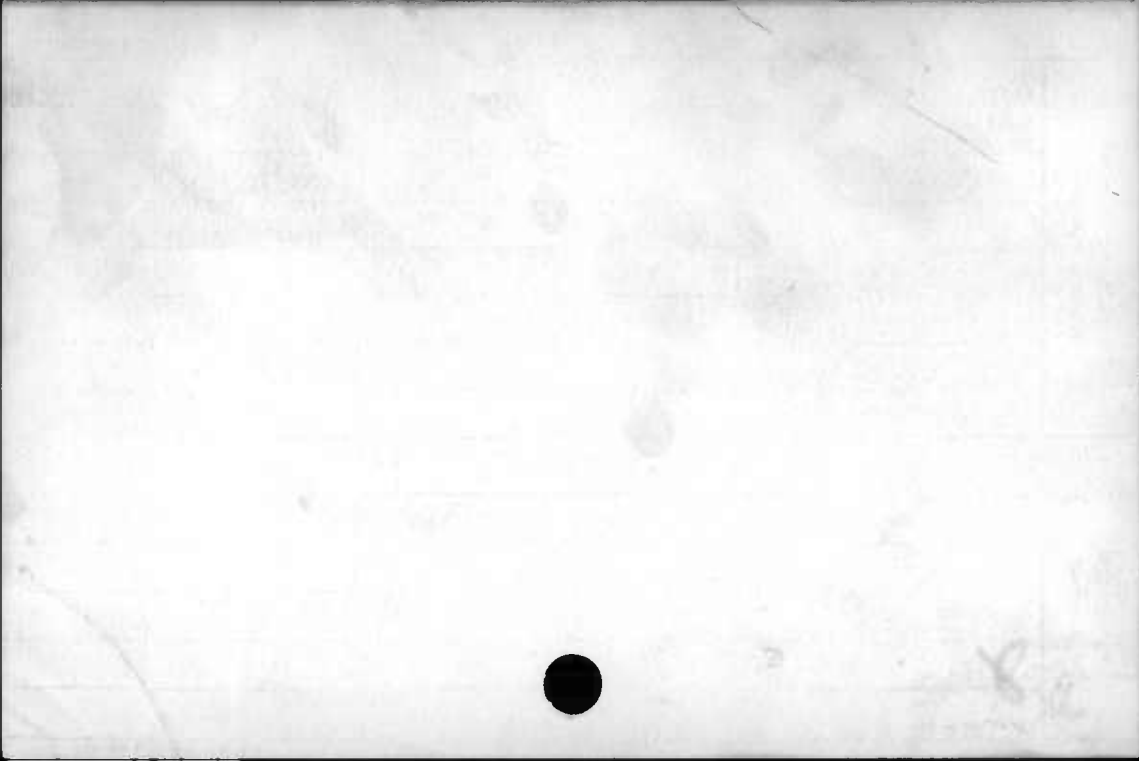
Primary

How long

Immediate TetanusHow long 2 daysAre the name, age, sex, color, date
and place correctly given above? yeSignature of
Physician LeVeman8Address
Rossville

Accident or Suicide?

Med



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1907	Month	12	Day	9	Age
					Years		Months
							Days
Sex		Male		Color or Race		White	
Occupation				Birthplace		Canton Md	
Where Residing if not at place of death				524 First St -			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Henry Joseph McCabe				Father's Birthplace	
						Md	
Mother's Maiden Name		Charlie M. Bryant				Mother's Birthplace	
						Md	
Name of person giving information		Henry Joseph McCabe				How related to deceased	
						Father	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Capillary Bronchitis	How long	2 weeks
Immediate	Cyanosis & Exhaustion	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jas. L. Guarnard	
Address		3rd South	
Accident or Suicide?		No	

H. O. Hughes
17. S. Broadway

Buy at Lunden Park

Name

in
Full

My Mary Elizabeth Williams McCorkay

CERTIFICATE OF DEATH

MARYLAND

Died at *Cockeysville* Town

Balto County

Date of death *1907* *Dec* Month

5 Day *82* Age

4 Months Days

Sex *Female*

Color or Race *White*

Birth-place *Elizabeth City, N.C.*

Occupation *None*

Where Residing if not at place of death *Cockeysville Md*

Married, Single or Widowed *Widow*

Name of ~~Wife~~ Husband *John William McCorkay*

Father's Name *John Williams*

Father's Birthplace *Elizabeth City, N.C.*

Mother's Maiden Name *Harriet Butler*

Mother's Birthplace *Elizabeth City, N.C.*

Name of person giving information *My Susan Williams Finney*

How related to deceased *Cousin*

CAUSES OF DEATH

164

Primary *Valvular disease of Heart*

How long *10 years*

Immediate *Shock & exhaustion (fracture of femur)*

How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

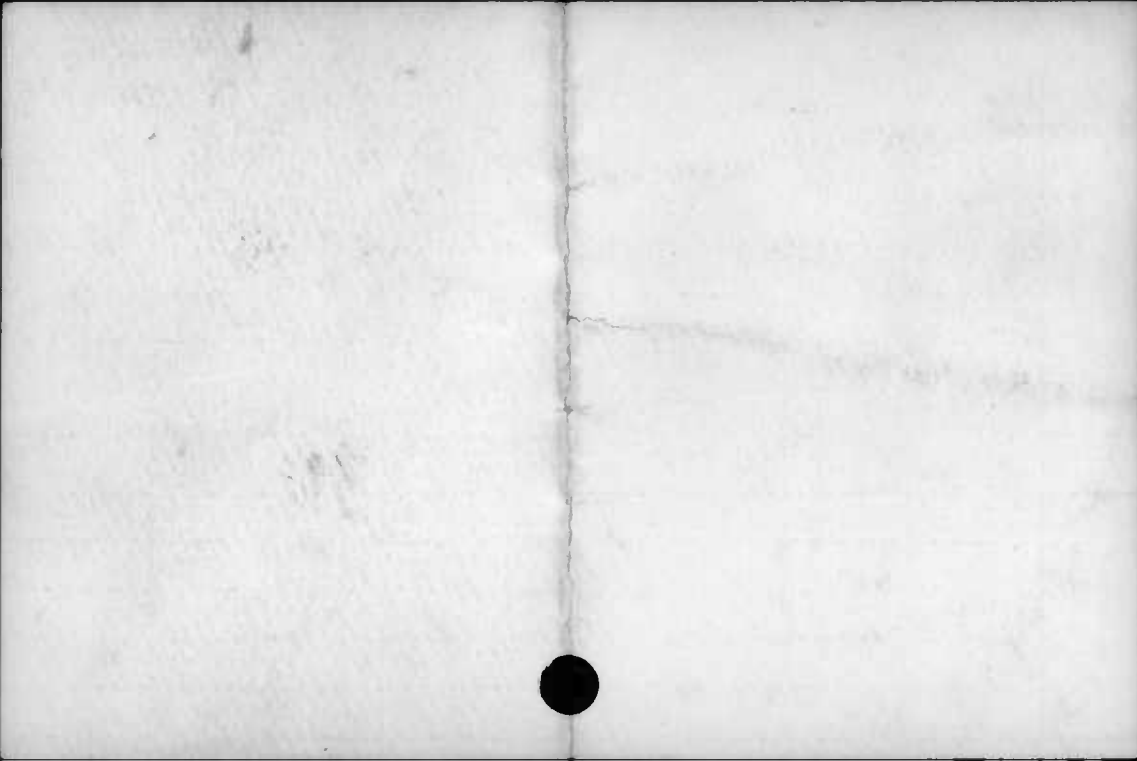
Signature of Physician *Dr. W. B. Benson*

Address *Cockeysville Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

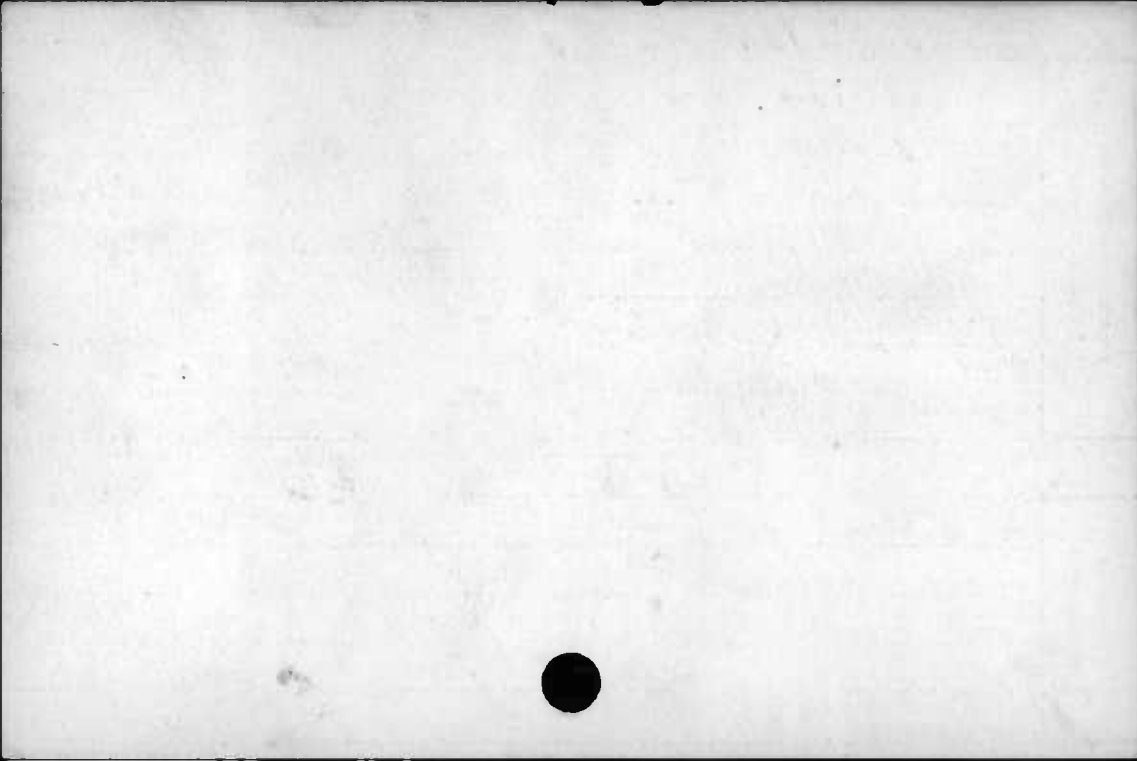
Died at <i>Arbutus</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Dec</i>	Day	<i>28th</i>
Age		<i>78</i>		Years	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Frederick Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>resided at Arbutus</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>not known</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>not Acclia Shiner</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Mrs F S Meyer</i>			How related to deceased	<i>niece</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>six days</i>
Immediate	<i>same</i>	How long	<i>six "</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Arthur Williams</i>	
Address		<i>Elkridge Md</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

Ella E. Mc Guirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland Park</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	1907	Month	Dec	Day	3	Age	60
						Years	1. mo.
						Months	21.
Sex	<i>female.</i>		Color or Race	<i>white.</i>		Birth-place	<i>Annapolis Md.</i>
Occupation	<i>Unknown</i>		Where Residing if not at place of death		<i>Roland Park.</i>		
Married, Single or Widowed	<i>Married.</i>		Name of Wife or Husband	<i>Geo Mc Mc Guirk.</i>			
Father's Name	<i>John E Clayton</i>					Father's Birthplace	<i>Annapolis.</i>
Mother's Maiden Name	<i>Hendry</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Geo Mc. Mc Guirk</i>					How related to deceased	<i>Husband.</i>

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<i>Strangulated Hernia</i>	How long	<i>14 days</i>
Immediate	<i>gangrene of Bowel</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. Gibson Totten</i>
		Address	<i>Roland Park Md.</i>
Accident or Suicide?	<i>No</i>		

London Park

Dec. 6. 1907

Wm. Lusk.

Name
in
Full

Louis M. Kenner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Dec	Day	30
Age	55	Years		Months	<i>not known</i>
Sex	Male	Color or Race	White	Birthplace	<i>Phila Pa</i>
Occupation	<i>Clergyman</i>		Where Residing if not at place of death <i>Mt Hope</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>not known</i>			Father's Birthplace	<i>not known</i>
Mother's Maiden Name	<i>" "</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Reeds Mt Hope Retreat</i>			How related to deceased	<i>not at all</i>

CAUSES OF DEATH

(68)

PHYSICIAN
OR CORONER

Primary	<i>Mania Chronic</i>	How long	<i>Over 55 yrs</i>
Immediate	<i>Ex Cardiac Collapse from Congest</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank Flannery</i>
		Address	<i>Mt Hope Retreat</i> <i>Mt Hope Md -</i>
Accident or Suicide?	<i>8</i>		



Name
in
Full

Still born male child

McKinney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Banton TownBalto County

MARYLAND

Date of death 1907 Dec. MonthDay 10Age YearsMonths Days Sex MaleColor or Race WhiteBirth-place Md.Occupation Where Residing if not
at place of death1020 Bouldin St.Married, Single
or Widowed Name of Wife or
Husband Father's Name Frank S. McKinneyFather's Birthplace MdMother's ~~Maiden~~ Name Annie McKinney GaegerMother's Birthplace MdName of person giving
In formation Frank S. McKinneyHow related
to deceased Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianMrs YP Burr Root

Address

1011 Bouldin St.

Accident or Suicide?

PHYSICIAN
OR CORONER

Dec 12-1917

Sacred Heart Cem.

Grieken + Grieken

1739 E. Eagan St.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John William Manning				County		MARYLAND	
Died at		St Denis		Baltimore			
Date of death	1907	Month	Dec.	Day	19	Years	45
				Age	45	Months	6
				Days	13		
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Expressman		Where Residing if not at place of death		St Denis, Md		
Married, Single or Widowed	Single		Name of Wife or Husband	Mary Ellen Arnold			
Father's Name	John Manning		Father's Birthplace	Ireland			
Mother's Maiden Name	Catherine Ward		Mother's Birthplace	Ireland			
Name of person giving information	Mrs. Harry Warfield		How related to deceased	Daughter			

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Overexertion	How long	10 minutes
Immediate	Cerebral hemorrhage	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. R. Eareckson	
Address		Ex Ridge Md	
Accident or Suicide?			

W^m J. Tucker & Sons

Mt Olivet Cemetery

Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Calverton		Baltimore		MARYLAND				
		Date of death		1907	Dec	8	Age	76	Months		Days	
		Sex		Male		Color or Race		White		Birth- place		Austria
		Occupation				Shoemaker				Where Residing if not at place of death		X
		Married, Single or Widowed		Married		Name of Wife or Husband		Rose Mantner				
		Father's Name		Ignatz Mantner				Father's Birthplace		Prague, Bohemia		
		Mother's Maiden Name		Rosa Pentlicka				Mother's Birthplace		Pillgrane " "		
		Name of person giving In formation				How related to deceased						
		CAUSES OF DEATH				120						
PHYSICIAN OR CORONER		Primary		Senile Dementia				How long		2 yrs		
		Immediate		Chronic Interstitial Nephritis				How long		1 yr		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Bercy Wade				
				no		Address		Calverton Md				
		Accident or Suicide?		no								

Jacob Ahrens
Hebrew Cemetery -

Name in Full		John Martin				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hightstown		County		Baltimore		MARYLAND	
	Date of death		1907	Month 12	Day 9	Age	Years 64	Months 6	Days 11	
	Sex		Male		Color or Race		White		Birth-place	
	Occupation		Milk dealer		Where Residing if not at place of death		620 Eastern Ave. Balt.			
	Married, Single or Widowed		M.		Name of Wife or Husband		Lora Martin			
	Father's Name		Not known				Father's Birthplace		Germany	
	Mother's Maiden Name		Not known				Mother's Birthplace		Germany	
	Name of person giving information		Lora Martin				How related to deceased		Wife	
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Cerebral hemorrhage				How long		About 4 weeks	
	Immediate		Coma				How long		3 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		L. R. Newbold M.D.	
							Address		809 N. Charles St. Baltimore Md	
	Accident or Suicide?		No							

Oak Lawn Cemetery
Herwig son
12/13/07

Name
in
Full

Daniel Melchior

CERTIFICATE OF DEATH

Died at ^{Town} *Rosbury*^{County} *Balt*

MARYLAND

Date of death *1907* ^{Month} *December* ^{Day} *17*Age ^{Years} *77*^{Months}^{Days} *17*Sex *Male*Color or
Race*White*Birth-
place*Germany*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Nathaniel Melchior*Father's
Birthplace*Germany*Mother's
Maiden Name*Johanna Melchior*Mother's
Birthplace*Germany*Name of person giving
In formation*Mrs Amelia Schaub*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Grip & Pneumonia

How long

6 days &

Immediate

Exhaustion

How long

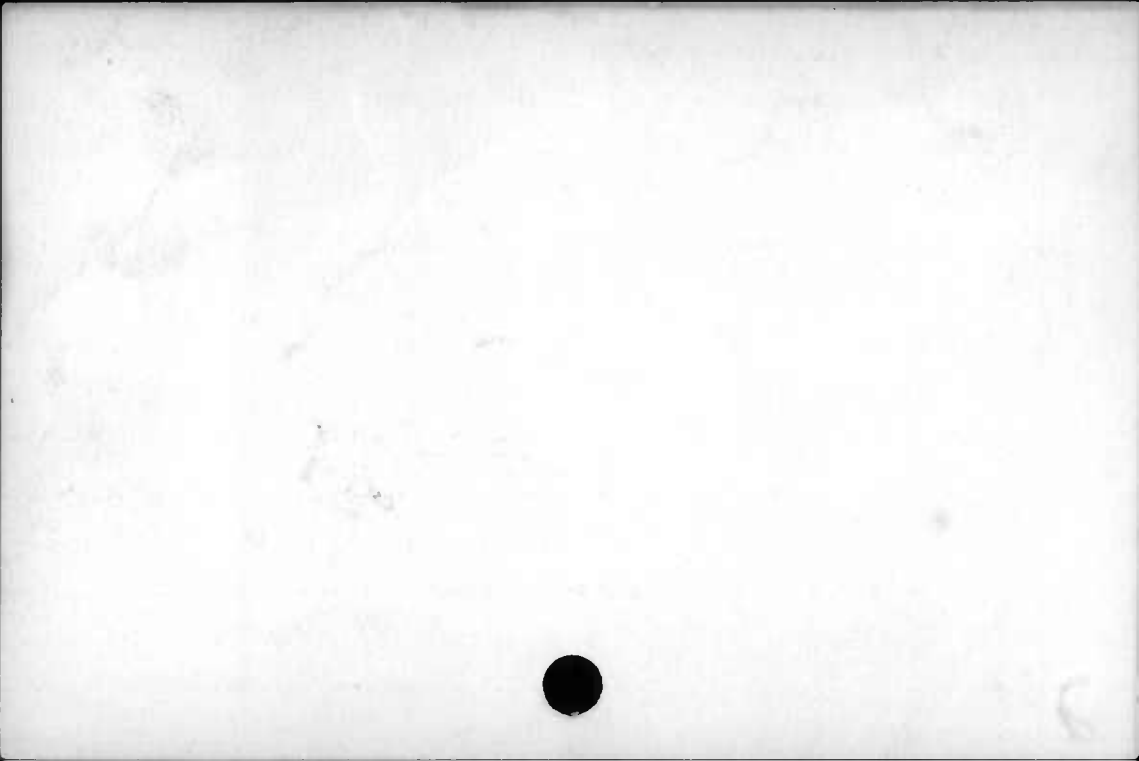
*1 " 7 "*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Wm. D. Horne M.D.*

Address

Gardenville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

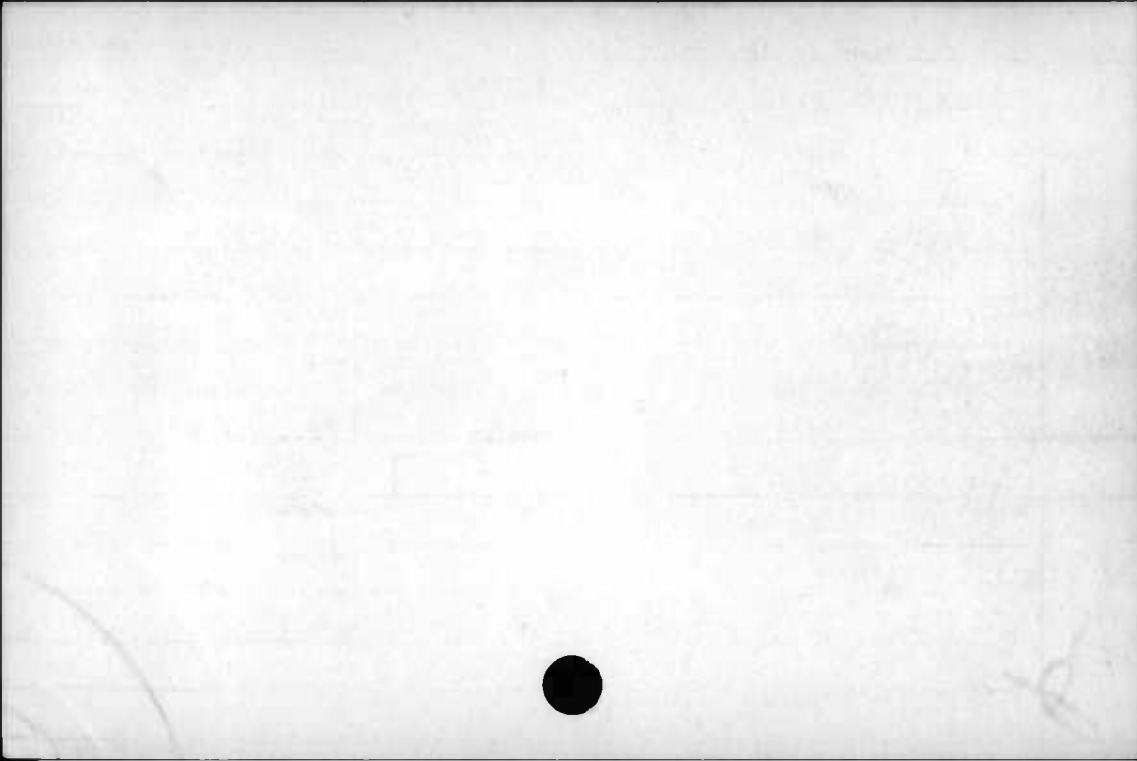


Name in Full		Certificate of Death			
Laurie Meyer		Town Towson		County Baltimore	
Died at		Date of death		Maryland	
1907		Dec. 22		Age 36	
Sex Female		Color or Race White		Birth- place New York City	
Occupation Housewife		Where Residing if not at place of death		4215 York Road	
Married, Single or Widowed married		Name of Wife or Husband Adolph Meyer			
Father's Name Charles Ahrens		Father's Birthplace Germany			
Mother's Maiden Name Maria Bockman		Mother's Birthplace Germany			
Name of person giving Information Adolph Meyer		How related to deceased Husband			
		CAUSES OF DEATH		(137)	
Primary Pneumonia Infection		How long 6 wks			
Immediate Cardiac Exhaustion		How long gradual			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. H. H. H.		Address Shppard Hospital Towson, Md.	
Accident or Suicide? No.					

C. A. Widdell
2113 Broadway Ave
New York City
for instrument P

Received

Name in Full		Lottie Miles				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Chase</u> <small>Town</small>		<u>Bald</u> <small>County</small>		MARYLAND		
	Date of death <u>1907</u> <small>Month</small> <u>Dec</u> <small>Day</small> <u>21</u> <small>Age</small> <u>47</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small>						
	Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Ned</u>		
	Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Chase</u>				
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Peter Miles</u>				
	Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>				
	Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Peter Miles</u>		How related to deceased <u>Husband</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>or Janie Heart disease</u>		How long <u>1 year</u>				
	Immediate <u>—</u>		How long <u>—</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>C. V. Mace</u>				
	Accident or Suicide? <u>—</u>		Address <u>Crossville Ned</u>				



Name
in
Full

John T. Mueller

CERTIFICATE OF DEATH

MARYLAND

Died at Canton Town

Baltimore County

Date

of death 1907

Month

Dec

Day

4

Years

Age 44

Months

9

Days

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Baker

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Cecilia Burger

Father's
Name

Johann Mueller

Father's
Birthplace

Germany

Mother's
Maiden Name

Catharina Kraus

Mother's
Birthplace

Germany

Name of person giving
In formation

Cecilia Mueller

How related
to deceased

Wife

CAUSES OF DEATH

(40)

Primary

Carcinoma of Stomach

How long

about one year

Immediate

General Dropsy - Progressive Emaciation

How long

about 4 mos.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. Hollenberg
1810 E. Baltimore St.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Holy Redeemer Cemetery

December 7th 1907

Germanus Thane

Under later

Name
in
Full

Clara Elizabeth Muller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Govanstown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	December	Day	6
Age	38	Years	1	Months	28
Sex	Female	Color or Race	white	Birthplace	Frederick Md.
Occupation	Modiste		Where Residing if not at place of death <i>Govanstown</i>		
Married, Single or Widowed	Single	Name of Wife or Husband —			
Father's Name	David Henry Muller			Father's Birthplace <i>Frederick Md.</i>	
Mother's Maiden Name	Rebecca Cramer			Mother's Birthplace <i>Frederick Md.</i>	
Name of person giving information	Rebecca Muller			How related to deceased <i>Mother</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>18 months</i>
Immediate	<i>Uraemia</i>	How long	<i>11 hours -</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>H. C. Hoess MD</i>	
Address		<i>Sta. H. Govans) Balto. Md</i>	
Accident or Suicide?		<i>Neither</i>	

John J. Maher
1234 William St
Balto., Md.
St. Mary's Cew.
Lorans.

Name

in
Full

Alexander Murrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

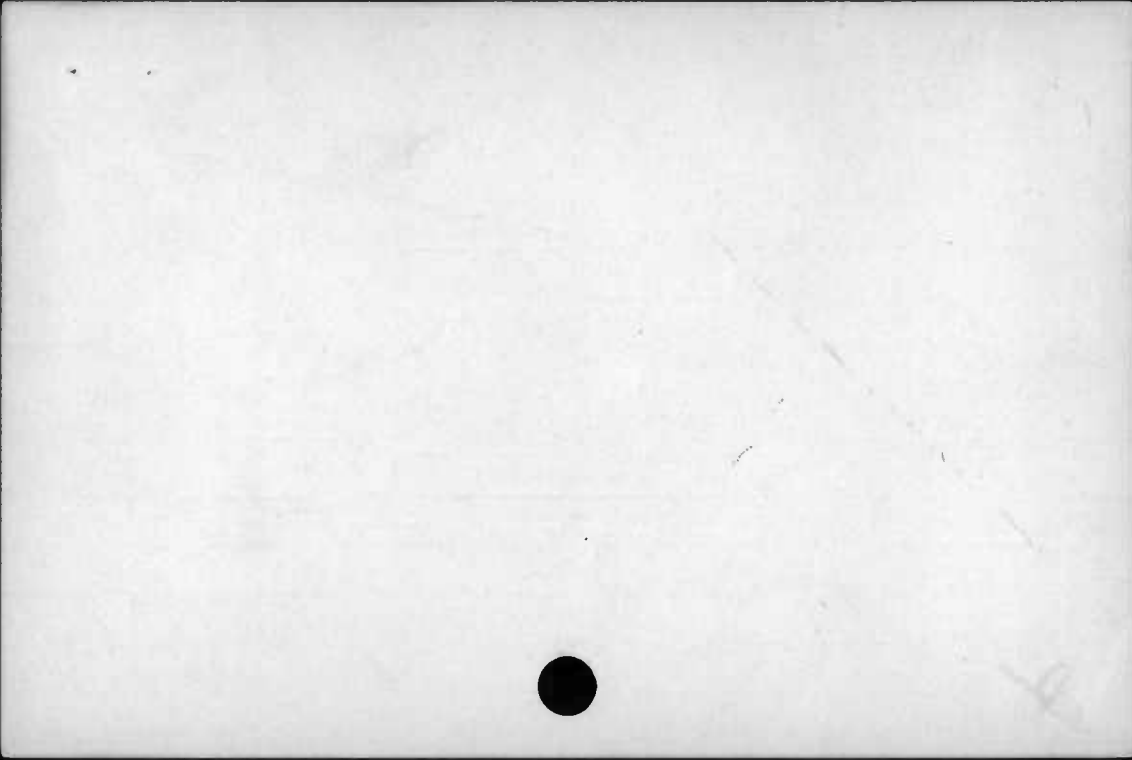
Died at <i>Rocky</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907 Dec 14</i>	Age	<i>55</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Va</i>
Occupation	<i>Carpenter</i>	Where Residing if not at place of death <i>Rocky</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Janette Murrell</i>		
Father's Name	<i>not known</i>	Father's Birthplace	<i>—</i>		
Mother's Maiden Name	<i>not known</i>	Mother's Birthplace	<i>—</i>		
Name of person giving information	<i>John Smith</i>		How related to deceased	<i>Friend</i>	

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	<i>Diabetes Mellitus</i>	How long	<i>3 years</i>
Immediate	<i>Hemiplegia</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. C. Smith</i>
		Address	<i>Woodlawn Sta Md.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

Lucy J. Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Hope Reformat ^{County} BaltoDate of death 1907 ^{Month} Dec ^{Day} 10 ^{Years} 42 ^{Months} not known ^{Days} unknownSex Female ^{Color or Race} White ^{Birth-place} Bryantown MdOccupation Housewife ^{Where Residing if not at place of death} Bryantown Md -Married, Single or Widowed Married ^{Name of Wife or Husband} UnknownFather's Name not known ^{Father's Birthplace} unknownMother's Maiden Name " ^{Mother's Birthplace} "Name of person giving information Reeds Mt Hope Reformat ^{How related to deceased}

CAUSES OF DEATH

(68)

Primary Mania acute ^{How long} 3-4 wksImmediate Ex - ^{How long}

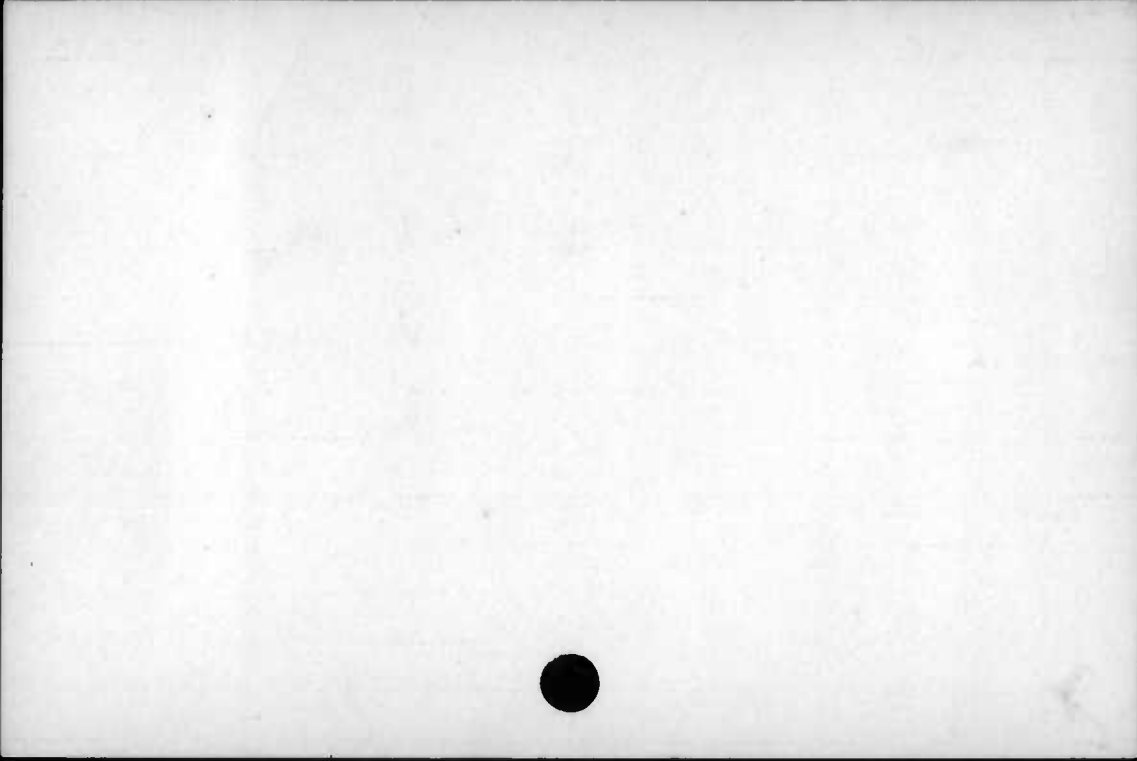
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery

Address Mt Hope Reformat
Mt Hope Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Samuel Moyres

CERTIFICATE OF DEATH

MARYLAND

Died at Town *Towson*County *Baltimore*Date of death 1907 Month *Dec.* Day *10th*Age Years *82* Months DaysSex *Male* Color or Race*Black*Birth-place *Baltimore Co Md*~~Married~~, Single or ~~Widowed~~Occupation *Labour*Name of Wife or Husband *not know*Father's Name *Philip Moyres*Father's Birthplace *Baltimore Co*Mother's Maiden Name *Maryant*Mother's Birthplace *Baltimore Co*Name of person giving information *James Moyres*How related to deceased *Nephew*

CAUSES OF DEATH

164

Primary *Apoplexy*How long *one day*Immediate *Apoplexy*How long *one day*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address *276 S. Street*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

undertaken

R. S. Colliatt

Sandy Bottom, Powson

Name in Full		George C. Nagle				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cockeysville		County Baths		MARYLAND	
	Date of death		1907	Month 12	Day 26	Age 60	Years	Months Days
	Sex		Male		Color or Race White		Birth-place Ind.	
	Occupation		Carpenter		Where Residing if not at place of death		Cockeysville	
	Married, Single or Widowed		Widowed		Name of Wife or Husband			
	Father's Name		George Nagle				Father's Birthplace Ind.	
	Mother's Maiden Name		Emily Brooks				Mother's Birthplace Ind.	
	Name of person giving information		R. A. Wilson				How related to deceased Brother-in-Law	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Endocarditis				How long	
	Immediate		Apnoea				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		Wilmer C. Eason M.D.	
	Accident or Suicide?		No		Address		Cockeysville Ind.	

LIBRARY BUREAU A6616

Buried in London-Park
Cemetery - by
Wm L Brooks.

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>North Branch</i>		Town <i>Balto.</i>		County		MARYLAND	
	Date of death 190	7	Month	Dec.	Day	10.	Age	70.
	Sex	Female.		Color or Race	Black.		Birth-place	Maryland.
	Married Single or Widowed	Widowed.		Occupation	Helper.			
	Name of Wife or Husband	Moses Nichols.						
	Father's Name	Dont know.					Father's Birthplace	
	Mother's Maiden Name	Dont know.					Mother's Birthplace	
	Name of person giving information	Walter Dorsey.					How related to deceased	Nephew.
<div>CAUSES OF DEATH</div> <div>93</div>								
PHYSICIAN OR CORONER	Primary	Pneumonia.					How long	Two weeks.
	Immediate	Exhaustion & Suffocation.					How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?	yes.					Signature of Physician	Wm. H. Hod. M.D.
	Accident or Suicide?						Address	Harrisonville Balto. Co. Md.



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

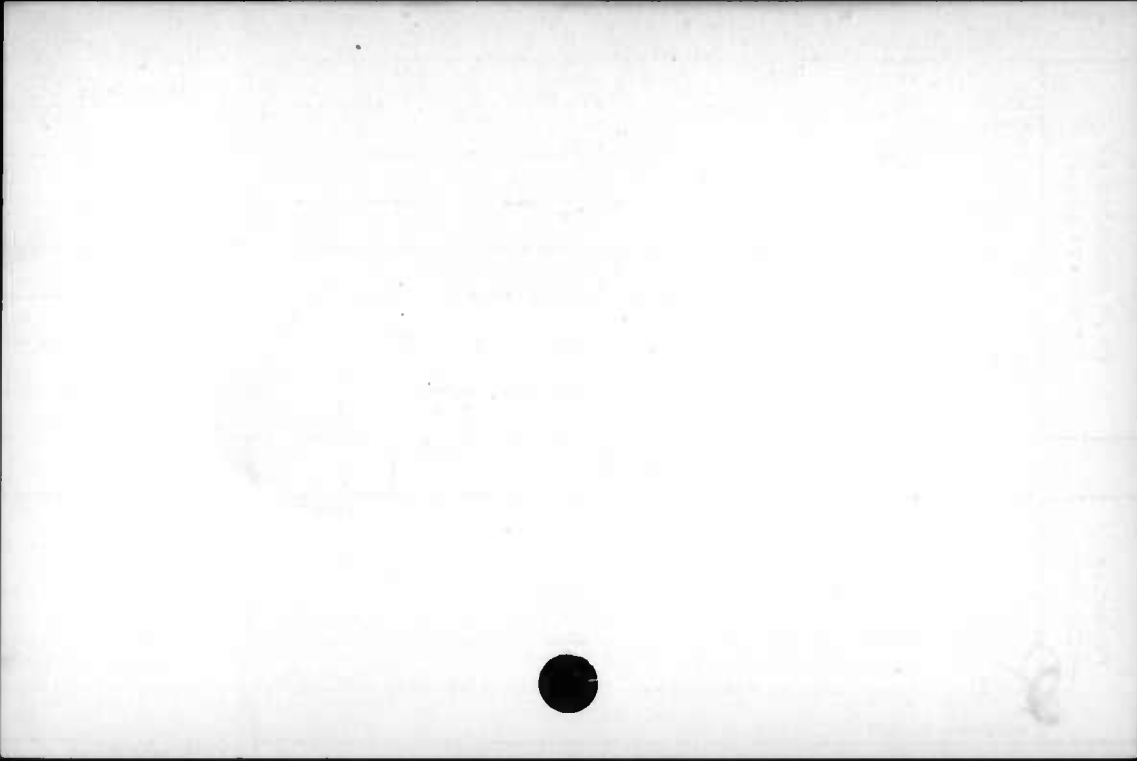
Died at <i>Lanville</i>		Town <i>Beth-</i>		County	
Date of death <i>1907</i>		Month <i>Dec</i>	Day <i>28</i>	Age <i>59</i>	Years
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Beth. Q</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Not known</i>		Father's Birthplace			
Mother's Maiden Name <i>F. Lusschu</i>		Mother's Birthplace			
Name of person giving information <i>F. Lusschu</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Cancer Stomach</i>	How long <i>14 Years</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. D. Moore</i>
		Address <i>Ganderwille</i>
Accident or Suicide?		



Name
In
Full

Sarah E. Personette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

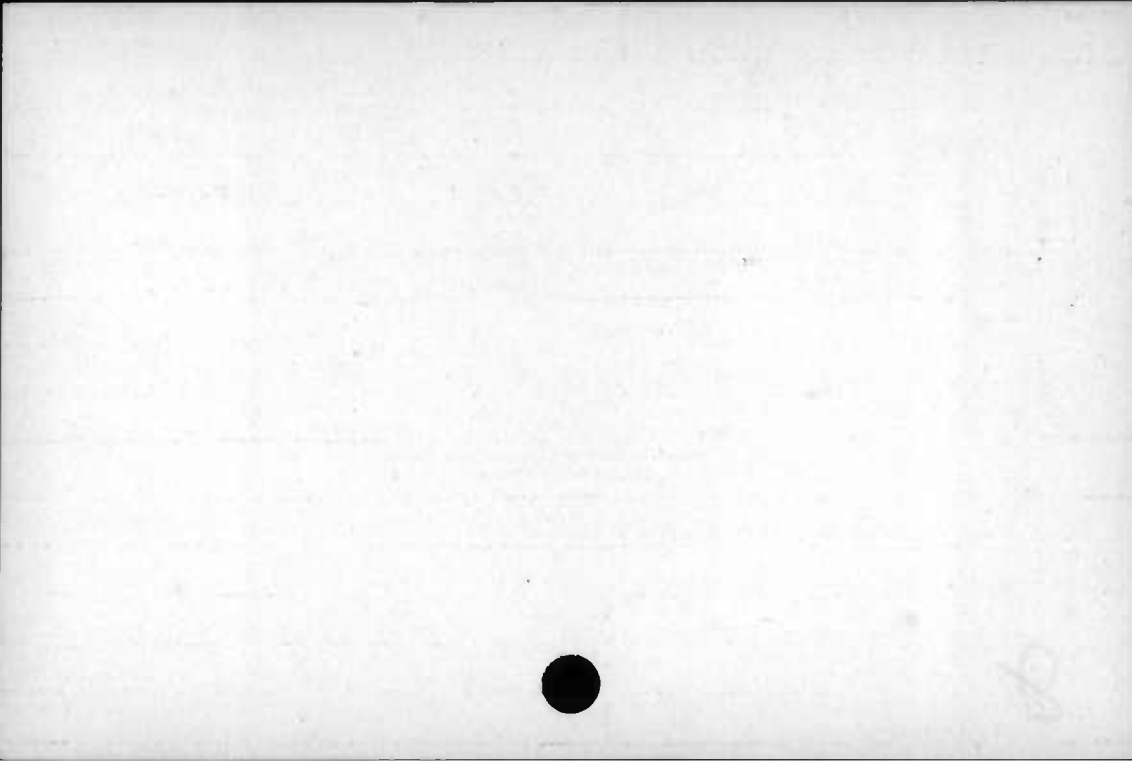
Died at		Town		County	
Mt Hope Retreat		Baltimore		Baltimore	
Date of death	1907	Month	Dec	Day	17th
Age	52	Years		Months	not known
Sex	Female	Color or Race	white	Birthplace	New York -
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Widow		not known			
Father's Name	not known		Father's Birthplace		
not known		not known			
Mother's Maiden Name	not known		Mother's Birthplace		
not known		" "			
Name of person giving information		Rects Mt Hope Retreat		How related to deceased	
				Not at all	

CAUSES OF DEATH

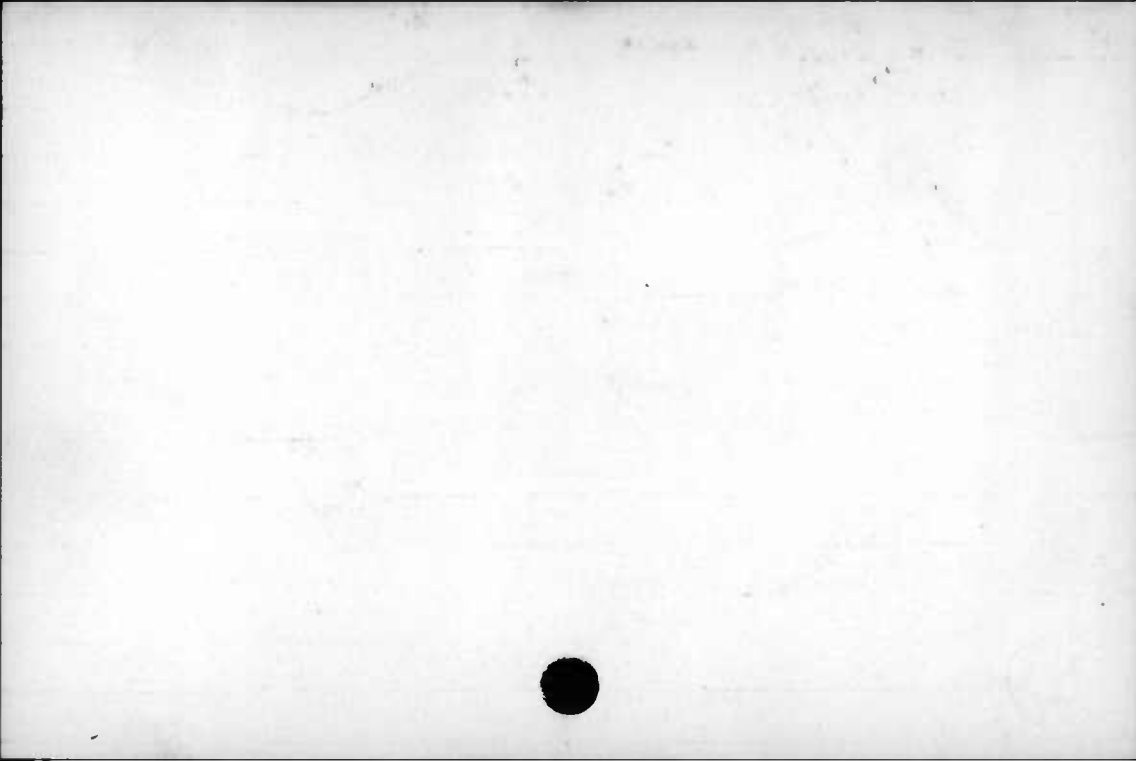
68

PHYSICIAN
OR CORONER

Primary	Melancholia -	How long	abt 3 yrs -
Immediate	Ex- Sen Degeneration -	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes -	
Signature of Physician		Frank J. Flannery	
Address		Mt Hope Retreat Baltimore Md -	
Accident or Suicide?			



Name in Full		Matilda Ridgely Poe				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Ellicott City		County Baltimore		MARYLAND
	Date of death	1907	Month Dec.	Day 8	Age	Years 63	Months Days
	Sex	female		Color or Race	white		Birth-place Maryland
	Occupation	none		Where Residing If not at place of death			
	Married, Single or Widowed	widow		Name of Wife or Husband	Charles R. Poe		
	Father's Name	Richard Brown				Father's Birthplace	Maryland
	Mother's Maiden Name	Matilda Hammond Brown				Mother's Birthplace	Maryland
Name of person giving information	Richard B. Poe				How related to deceased	son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary melancholia				How long 6 months		
	Immediate Exhaustion from melancholia				How long 3 weeks		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	yes				Address Ellicott City		
Accident or Suicide?				no			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Texas</i> <small>Town</small>		<i>Balt.</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>10</i>	Years <i>40</i>	Months <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Texas Md</i>		
Occupation <i>labour</i>	Where Residing if not at place of death <i>Texas</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Patrick Quinn</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Mowen</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Edward Mc Dermott</i>	How related to deceased <i>Brother in law</i>				

CAUSES OF DEATH

79

Primary

Heart Disease and Alcoholism

How long

Immediate

Cardiac paralysis

How long

Sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

B. F. Boney

Address

Texas Md

Accident or Suicide?

Interment at Texas

Thursday Dec. 12

N. C. Brooks

Name
in
Full

Marie Louis Ramos.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	<i>Dec</i> ^{Month}	<i>11</i> ^{Day}	Age <i>22</i> ^{Years}	<i>11</i> ^{Months} <i>21</i> ^{Days}
Sex	<i>Female.</i>		Color or Race	<i>White</i>	
Occupation	<i>Clerk.</i>		Where Residing if not at place of death	<i>Arlington.</i>	
Married, Single or Widowed	<i>Single.</i>		Name of Wife or Husband	<i>Not married.</i>	
Father's Name	<i>Joseph D Ramos.</i>			Father's Birthplace	<i>Cuba.</i>
Mother's Maiden Name	<i>Rebecca B Falty.</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Gen B Falty</i>			How related to deceased	<i>Neph.</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>		How long	<i>Life.</i>
Immediate	<i>Cardiac Enlargement & Dyspnea.</i>		How long	<i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>[Signature]</i>
			Address	<i>[Redacted]</i>
Accident or Suicide?				

744

Andrew Kneel

London Park Cemetery

Name
in
Full

Charles Ludwig Reiboldt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Violettrille* ^{Town} *Battunore* ^{County} **MARYLAND**

Date of death 1907 *Dec* ^{Month} *13* ^{Day} Age *70* ^{Years} *9* ^{Months} *9* ^{Days}

Sex *male* Color or Race *White* Birth-place *Germany*

Occupation *machinist* Where Residing if not at place of death *Violettrille*

Married, Single or Widowed *married* Name of Wife or Husband *Catherine*

Father's Name *Not known* Father's Birthplace *Not known*

Mother's Maiden Name *Not known* Mother's Birthplace *Not known*

Name of person giving information *Catherine Reiboldt* How related to deceased *Wife*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

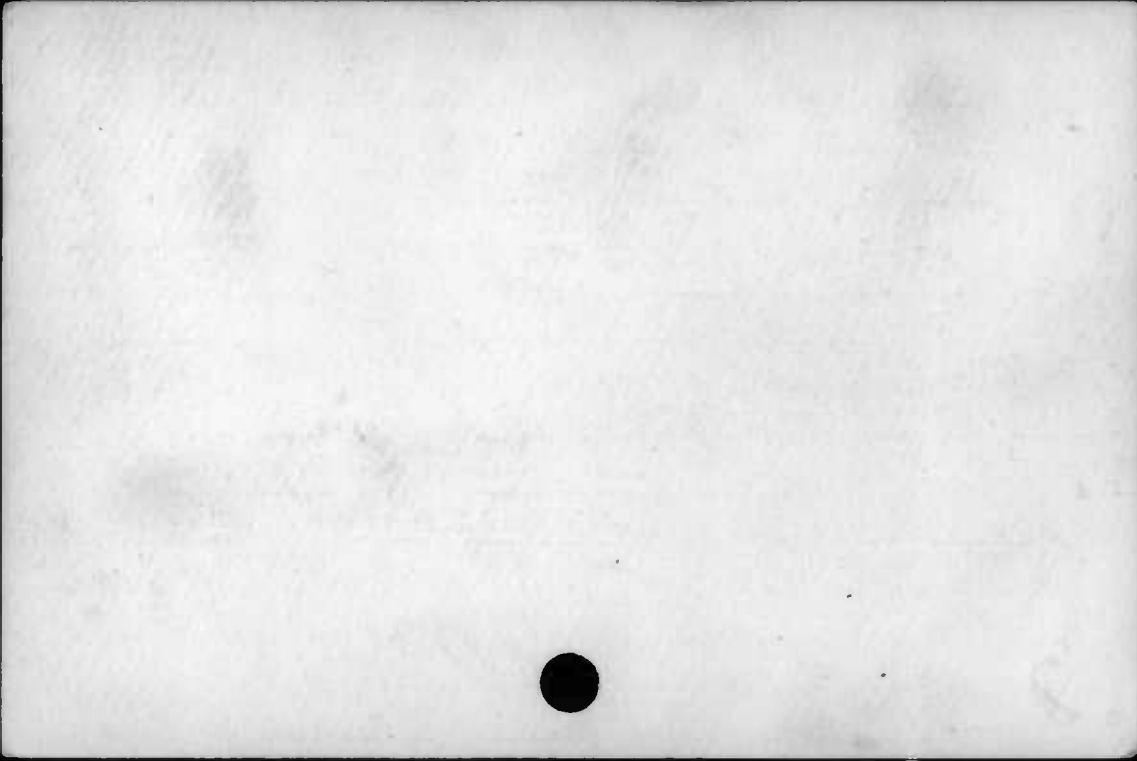
Primary *Killed by P.M. + B.R.R.* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Frank A Bond, Coroner*

Address *Waltham P.O.*

Accident or Suicide? *accident*



Name
in
Full

Arthur R. Reinhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lansdowne ^{Town} Balto ^{County} MARYLAND

Date of death 1907 ^{Month} Dec. ^{Day} 23 ^{Years} Age 2 ^{Months} 14 ^{Days}

Sex Male Color or Race White Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

Accident or Suicide?

Pneumonia

Exhaustion

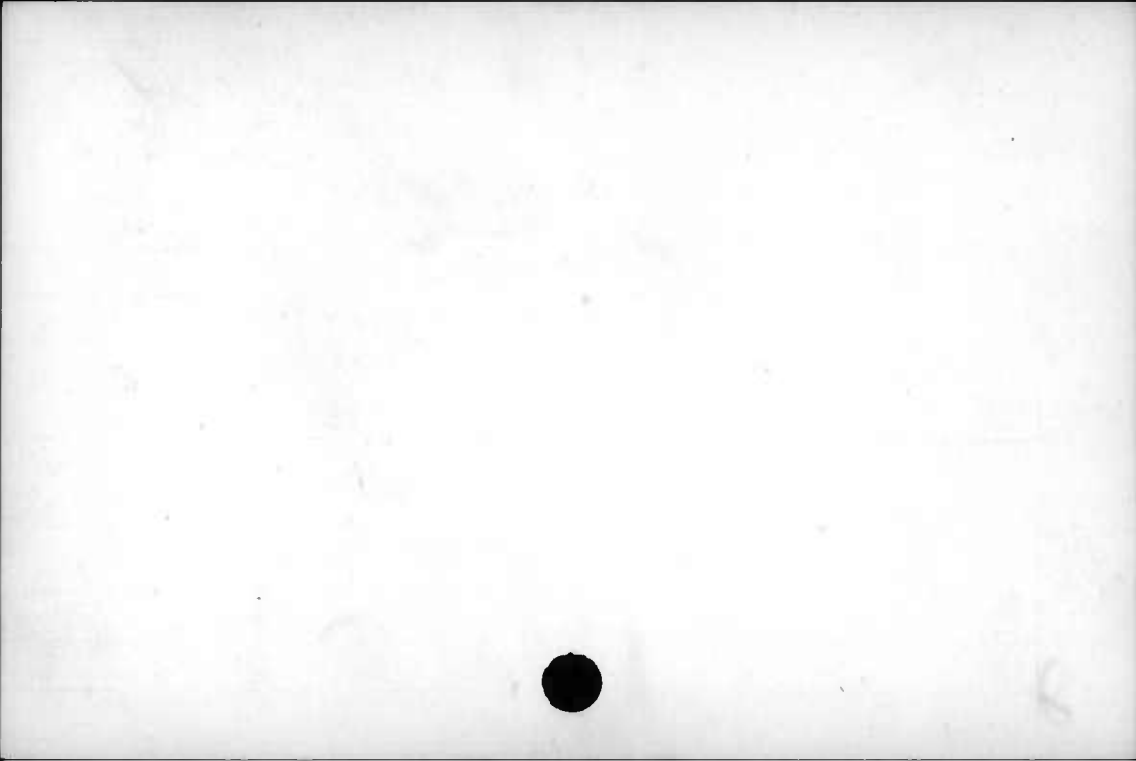
How long

How long

4 days.

Frank A. Ruhl

Lansdowne
Balto Co. Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Josef Repa
 Died at *Sparrow Point* *Baltimore* County
 Date of death *1907* Month *Dec* Day *21* Age about *35* Years
 Sex *Male* Color or Race *White* Birth-place *Unknown*
 Occupation *Labourer* Where Residing if not at place of death *Sparrow Point*
 Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
 Name of person giving information *Jos Blair* How related to deceased *None*

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary

How long

Immediate

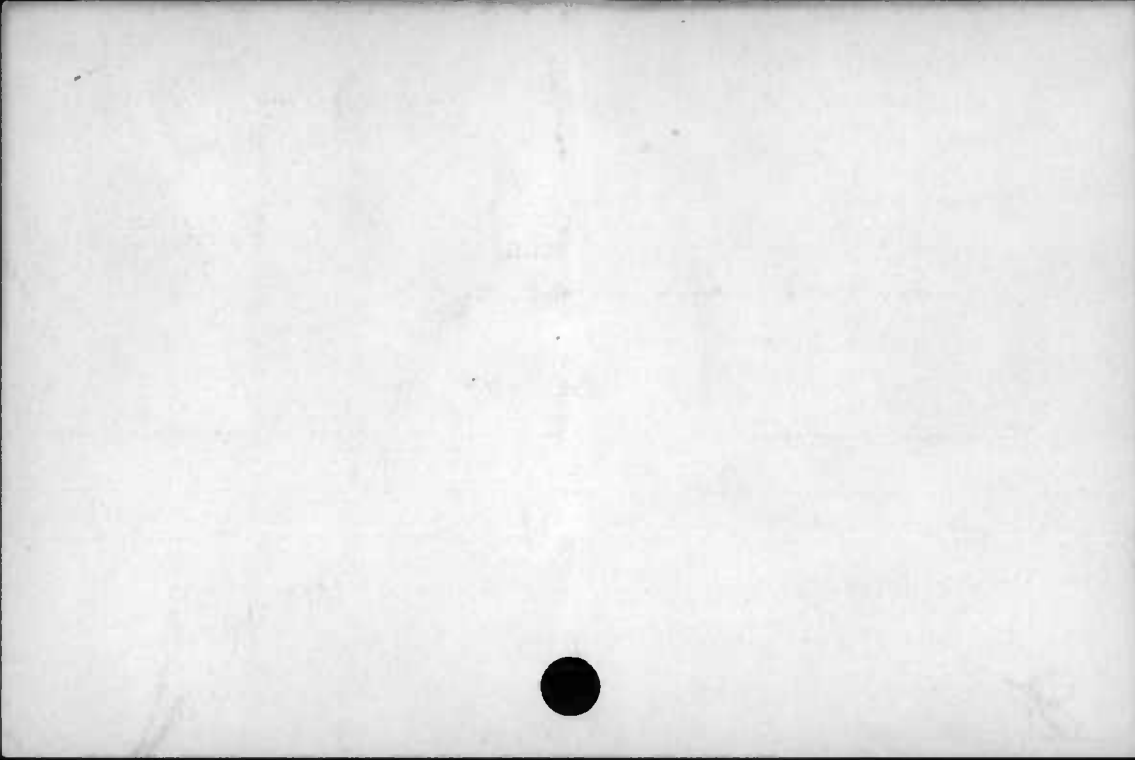
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary B Rider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

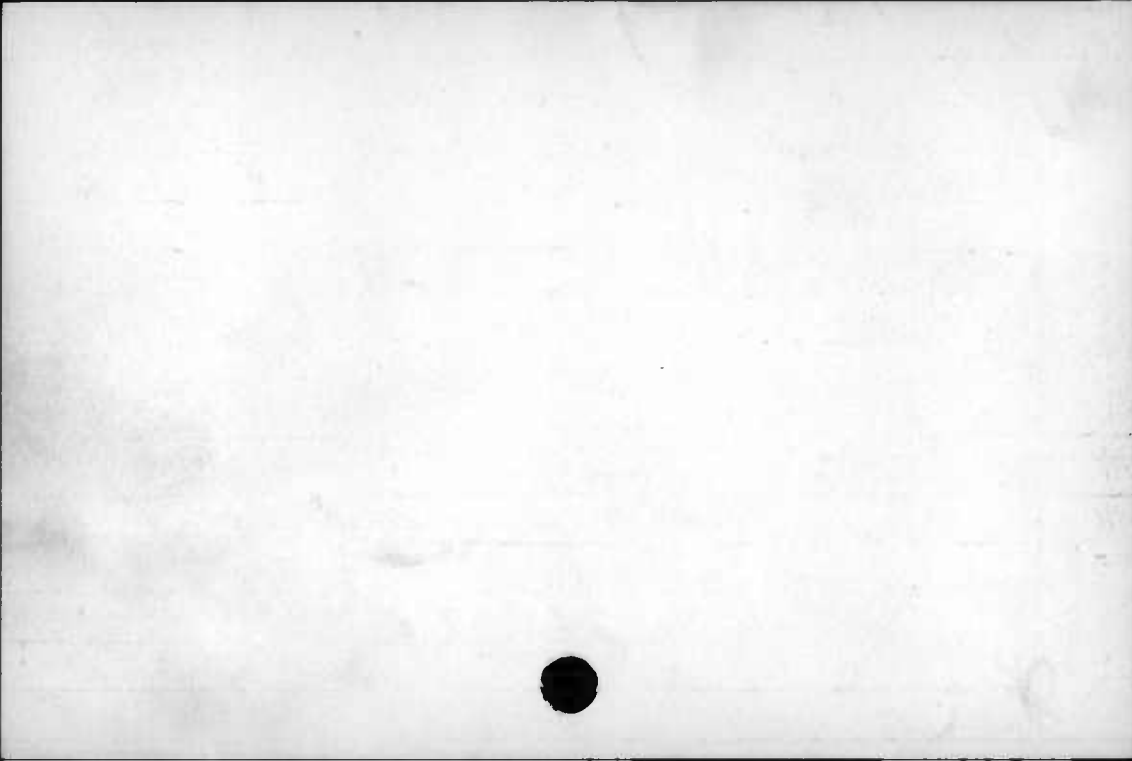
Died at ^{Town} Belvedere + ^{County} Belview Ave Balto.		MARYLAND	
Date of death	1907 Dec. 31	Age	51
Sex	Female	Color or Race	White
Occupation	Housewife	Birth-place	Little Rock, Ark.
Married, Single or Widowed	Married	Where Residing if not at place of death	
Father's Name	Wm J Dickey	Name of Wife or Husband	Solomon Rider
Mother's Maiden Name	Unknown	Father's Birthplace	Little Rock, Ark.
Name of person giving information	Harry Mathews	Mother's Birthplace	Unknown
		How related to deceased	Nephew

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Bright disease	How long	Abt 2 years
Immediate	Cerebral apoplexy	How long	Abt four days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Estrella M.D.
		Address	607 N. Charco St Baltimore
Accident or Suicide?			



Name
in
Full

Sarah E. Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Garrison</u> Town		County <u>Balto</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Dec</u>	Day <u>13</u>	Age	Years	Months <u>3</u> Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Balto co Md</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>John W. Roberts</u>		Father's Birthplace <u>Carroll co Md</u>			
Mother's Maiden Name <u>Lauren F. Whitcomb</u>		Mother's Birthplace <u>Balto co Md</u>			
Name of person giving information <u>John W. Roberts</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<u>Anaemia</u>	How long
Immediate	<u>Asphyxia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>Chas. J. Ruby M.D.</u>
<u>J</u>		Address <u>1801 Walbrook Ave</u>
Accident or Suicide?		<u>Baltimore Md.</u>

John H. Roberts

Sunrise Church Caster,
Reisterstown.

Name
in
Full

Henry Rühl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Morrell Park</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	12	Day	7 th
		Age	74	Years	
				Months	5
				Days	6
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Retired Merchant.</i>		Birth-place	<i>Germany -</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Elizabeth C. Rühl</i>	
Father's Name	<i>Conrad Rühl</i>			Father's Birthplace	<i>Germany -</i>
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace	<i>Germany -</i>
Name of person giving information	<i>Henry G. Rühl</i>			How related to deceased	<i>son</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease of Heart.</i>	How long	<i>6 mo</i>
Immediate	<i>Dropsy & Heart failure.</i>	How long	<i>5 weeks -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>C. P. Strauss, M.D.</i>		
Address	<i>1606 Light St -</i>		
	<i>Baltimore.</i>		
Accident or Suicide?			

Stuntbeck & Son

Jas. Stuntbeck & Son
Balt. County

Name
in
Full

Moses Brittain Sayre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Roland Park		Baltimore		Maryland	
Date of death		1907	Dec	21	Age	43	4 Months 13 Days
Sex		Male		Color or Race		White	
Occupation		Retired Optician		Where Residing if not at place of death		Roland Park Md.	
Married, Single or Widowed		Married		Name of Wife or Husband		Helen Bruce Tyler Sayre	
Father's Name		George David Sayre		Father's Birthplace		Newark N. J.	
Mother's Maiden Name		Annie Maria Brittain		Mother's Birthplace		Pittsfield Mass.	
Name of person giving information		Mrs. M. B. Sayre		How related to deceased		Wife	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Arterio-sclerosis (General)	How long	64 years
Immediate	Cerebral Hemorrhage - Exhaustion	How long	11 weeks - 4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		M. Gibson Porter	
Address		Roland Park Md.	
Accident or Suicide?		No	

For Burial ad.

New Ark N. J. =

E. Madison Mitchell

Undertaker

Baileys Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West port</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Dec.</i> ^{Month}	<i>10</i> ^{Day}	Age <i>16</i> ^{Years}	<i>2</i> ^{Months}	<i>8</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Glass House</i>		Where Residing if not at place of death <i>West port</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Joe Schneider</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Jane Sittler</i>	How related to deceased <i>father</i>				
Name of person giving information <i>Joe Schneider</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>7 weeks</i>
Immediate <i>Bacterial meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. J. Glendon</i>
	Address <i>Mt Wiggins Md.</i>
Accident or Suicide? <i>8</i>	

Joe Stumback Apr

Mr Oliver

Name
in
Full

Margaret Schotta

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

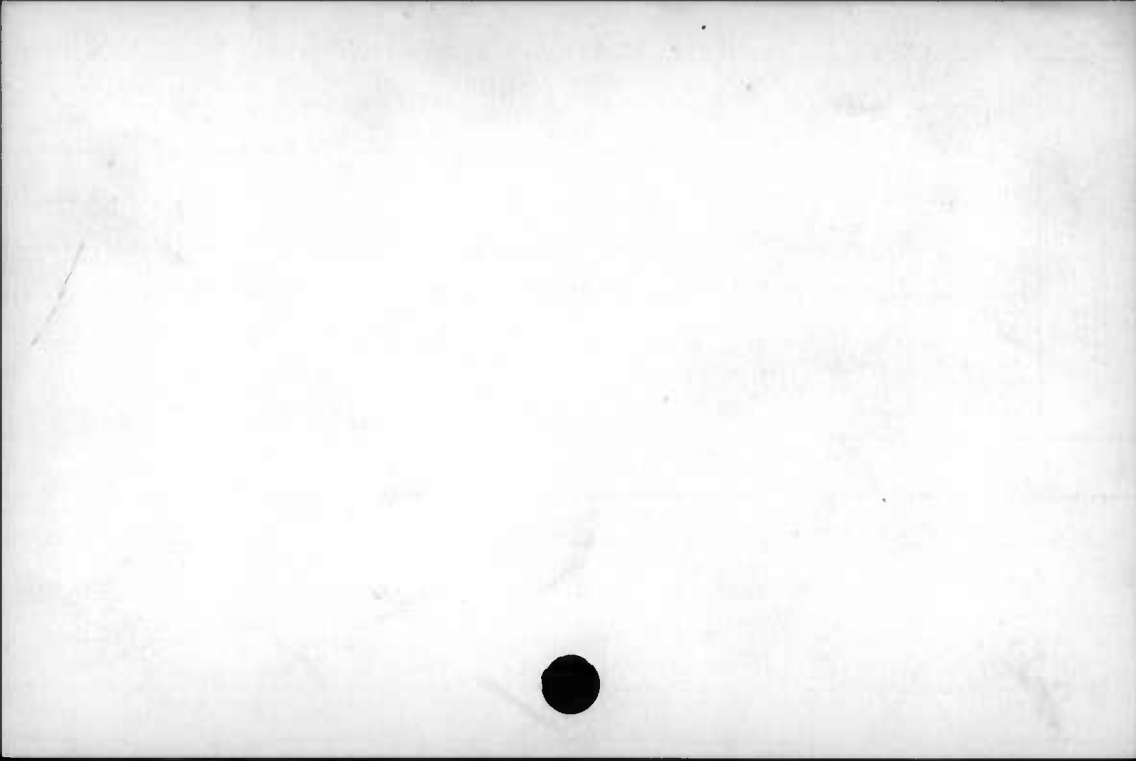
Died at <u>Wells</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1907	Month	Dec	Day	21
Age		71		Months	no
Sex		Female		Color or Race	White
Birth-place		Maryland			
Occupation		House Keeper			
Where Residing if not at place of death		<u>Wells</u>			
Married, Single or Widowed	Married		Name of Wife or Husband		
		Charles F. Schotta			
Father's Name	Dont know		Father's Birthplace		
		Md.			
Mother's Maiden Name	Dont know.		Mother's Birthplace		
		Md.			
Name of person giving information	Charles F. Schotta		How related to deceased		
		Husband			

CAUSES OF DEATH

110

PHYSICIAN
OR CORONER

Primary	<u>La grippe Pneumonia</u>	How long	<u>10 days</u>
Immediate	<u>Cardiac Arrest</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<u>John M. Thomas M.D.</u>	
		Address	
		<u>Wilmington, Del.</u>	
Accident or Suicide?			
<u> </u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *John Schuigner*

Died at *St. Agnes' Hospital* Town *Baltimore* County *MARYLAND*

Date of death *1907* Month *Dec.* Day *23* Age *82* Years *—* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Carpenter (retired)* Where Residing if not at place of death *St. Agnes' Hospital*

Married, Single or Widowed *Widowed* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*

Name of person giving information *John Schuigner* How related to deceased *Son*

CAUSE OF DEATH *108*

PHYSICIAN
OR CORONER

Primary *Strangulated hernia* How long *24 hours*

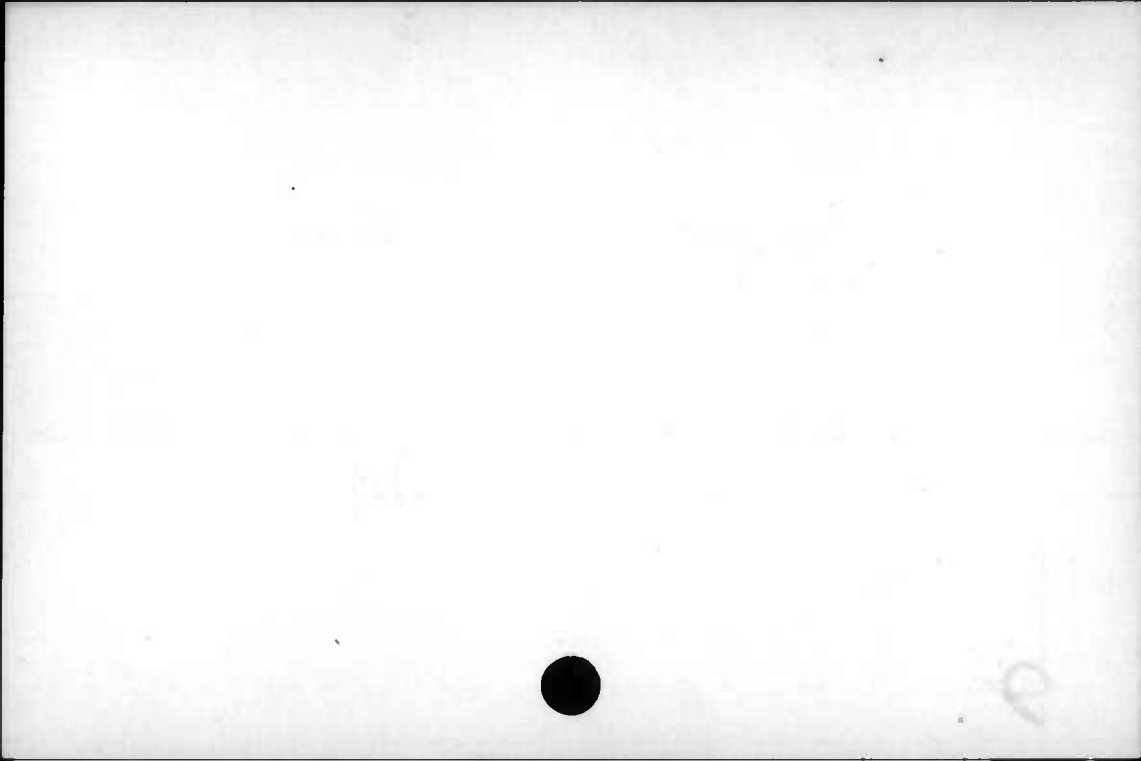
Immediate *Broncho-pneumonia* How long *8 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. P. Sandrock*

Address *St. Agnes' Hospital*

Accident or Suicide? *—*



Name
in
Full

Infant - not - named Seidel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

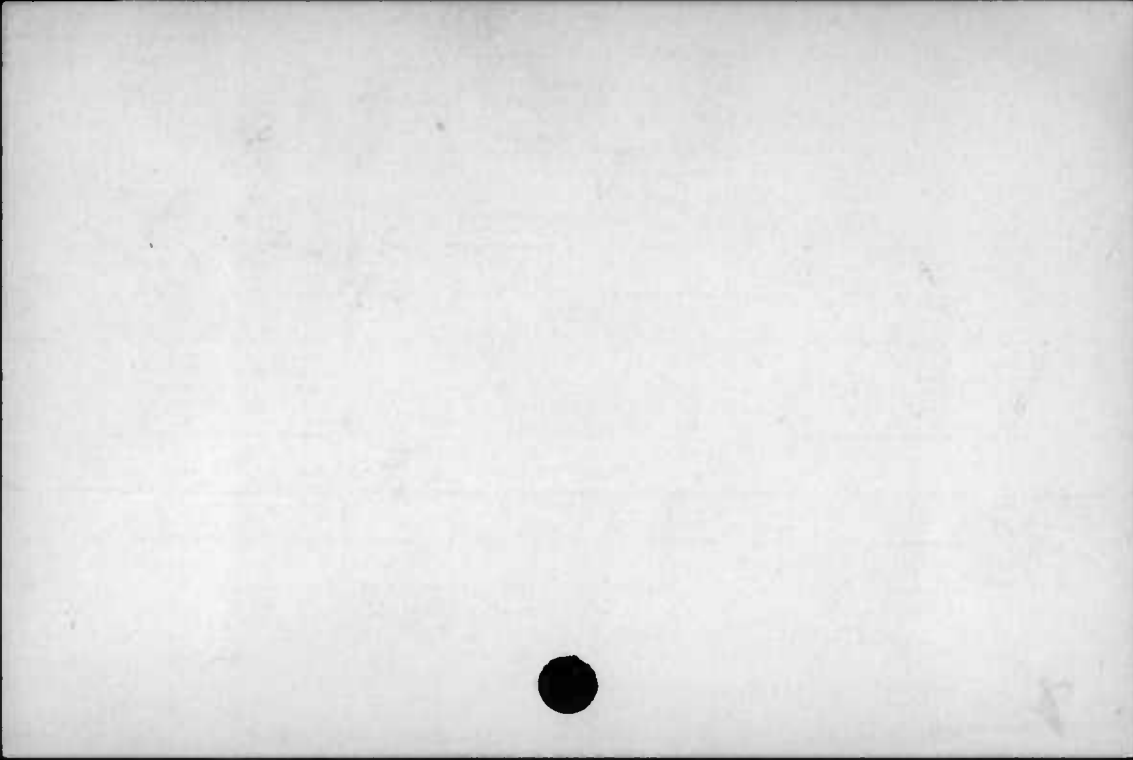
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	30		✓	✓	2 -
Sex	Female		Color or Race	white		Birth-place	md
Occupation	✓		Where Residing if not at place of death		✓		
Married, Single or Widowed	✓		Name of Wife or Husband		✓		
Father's Name	Barth Seidel					Father's Birthplace	md
Mother's Maiden Name	May Schott					Mother's Birthplace	md
Name of person giving information	Barth Seidel					How related to deceased	Father

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Premature birth		How long	✓
Immediate	voluntary asphyxia		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. F. G. Foreach	
yes		Address	Fork md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Seampers, Frank W.*

Died at *Leontownville* ^{Town} *Route* ^{County}

MARYLAND

Date of death *1907 Dec 15* ^{Month} ^{Day} Age *51* ^{Years} Months Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Seed Expert* Where Residing if not at place of death *X*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *Charles Seampers* ✓ Father's Birthplace *Ind*

Mother's Maiden Name *Elinor* " Mother's Birthplace

Name of person giving information *Jacob Ahern* How related to deceased *None.*

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary *General Paresis* How long *4 yrs.*

Immediate *Exhaustion* How long *3 weeks.*

Are the name, age, sex, color, date and place correctly given above?

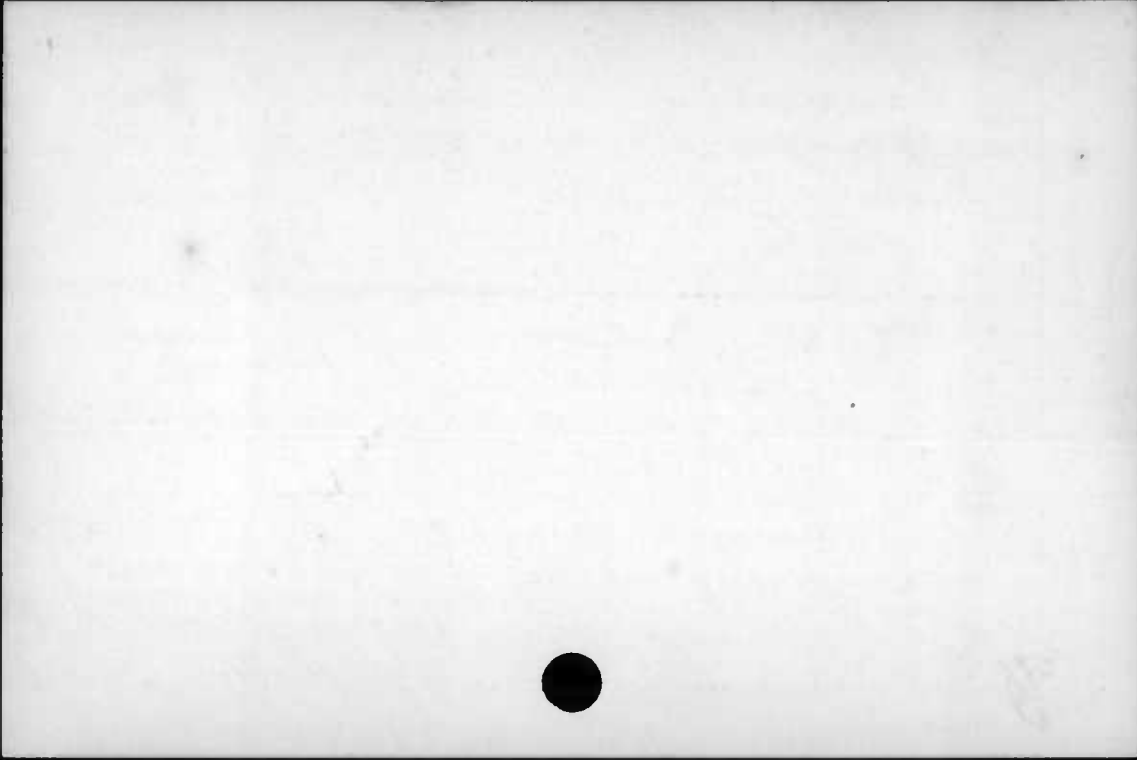
Yes

Signature of Physician

Address

Accident or Suicide?

No



Name
in
Full

Alveta Shafer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

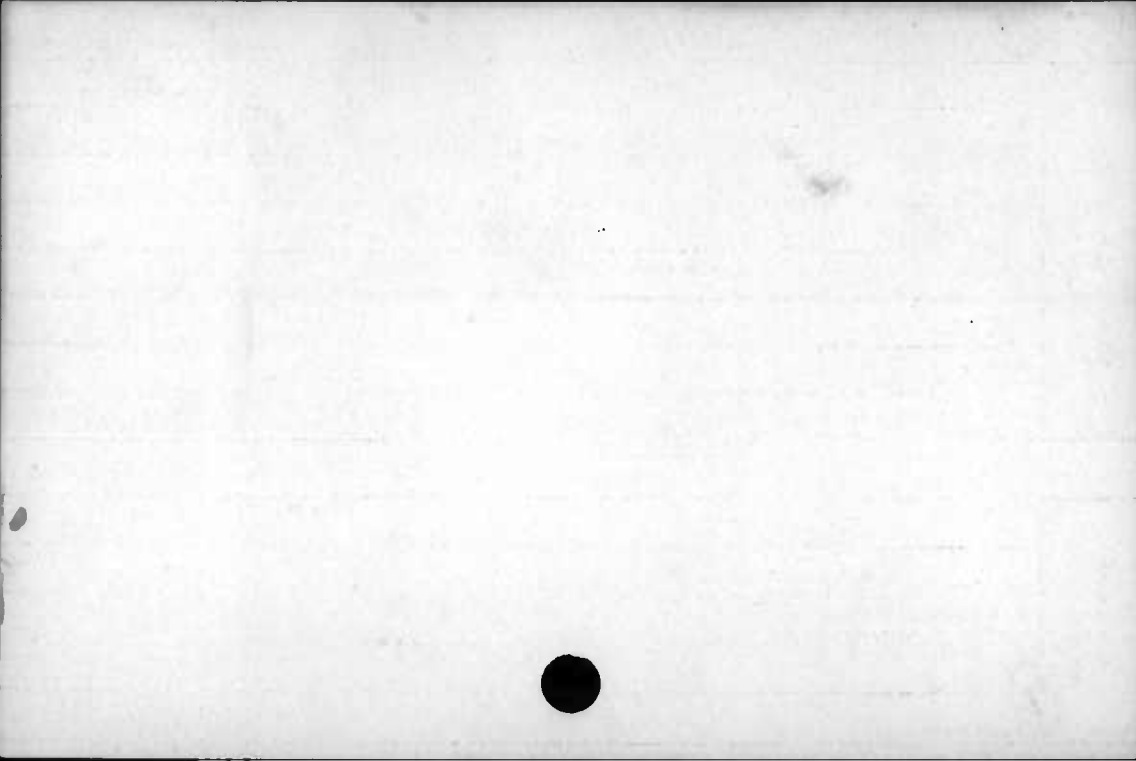
Died at <i>Reisterstown</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>21</i>	Age <i>38</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Penna</i>		
Occupation <i>Domestic</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Alexandra H Shafer</i>				
Father's Name <i>Eliezer Keftner</i>	Father's Birthplace <i>Penna</i>				
Mother's Maiden Name <i>Elizabeth Keftner</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Alexandra H Shafer</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary <i>Abdominal dropsy</i>	How long <i>One Year</i>
Immediate <i>cardiac failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Gore M.D.</i>
<i>X</i>	Address <i>Reisterstown Md.</i>
Accident or Suicide? <i>—</i>	



Name
in Full

Charles G. Shipley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pikesville Town Baltimore County.

MARYLAND

Date of death 1907 12 24 Age 86

Sex Male Color or Race White Birth-place Carroll Co

Occupation Farmer Where Residing if not at place of death Pikesville

Married, Single or Widowed Widow Name of Wife or Husband Rachel C. Shipley

Father's Name Geo. Shipley Father's Birthplace Carroll Co.

Mother's Maiden Name Prudence Buckingham Mother's Birthplace " "

Name of person giving information Miss Clara Shipley How related to deceased Daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Senile Decay - How long Several years -

Immediate Heart Disease & Exhaustion - How long 6 or 8 months

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician St Louis Taylor

Address Pikesville

Accident or Suicide? No

Jacob H. Kraft
Ston Chapel -

Name in Full Jessiel Edmund Shore		CERTIFICATE OF DEATH	
Died ^{Town} near Hopkinton ^{County} Baltimore		MARYLAND	
Date of death 1907	Month Dec.	Day 10	Age 17 Years
Sex Male		Color or Race white	Birth-place Blenville Pa.
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name Israel Shore		Father's Birthplace Brook's Pa.	
Mother's Maiden Name Emma Elizabeth Kalbaugh		Mother's Birthplace Hales Pa.	
Name of person giving information J. H. Israel Shore		How related to deceased Father	
CAUSES OF DEATH (70)			
Primary Chronic cardiovascular		How long about 1 1/2 yrs.	
Immediate Heart Failure		How long about the last 30 days	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician E. R. Albright M. D.	
		Address Blen Rock Pa.	
Accident or Suicide?		R. F. D. #1.	



Name
in
Full

Margaret C. Shine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	8			3	
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	None		Where Residing If not at place of death		None		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	William H. Shine					Father's Birthplace	Md.
Mother's Maiden Name	Mary E. Albaugh					Mother's Birthplace	Md.
Name of person giving information	William H. Shine					How related to deceased	Father

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage		How long	set 3 days
Immediate	Eclampsia		How long	set 12 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. H. Hughes
			Address	Canton + Dillon St.
Accident or Suicide?				

Samuel Hearn-Cemetery.

Dec 10th 1907

Germanus Frank.

Is the latter

Name
in
Full

Thomas S. Skinner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

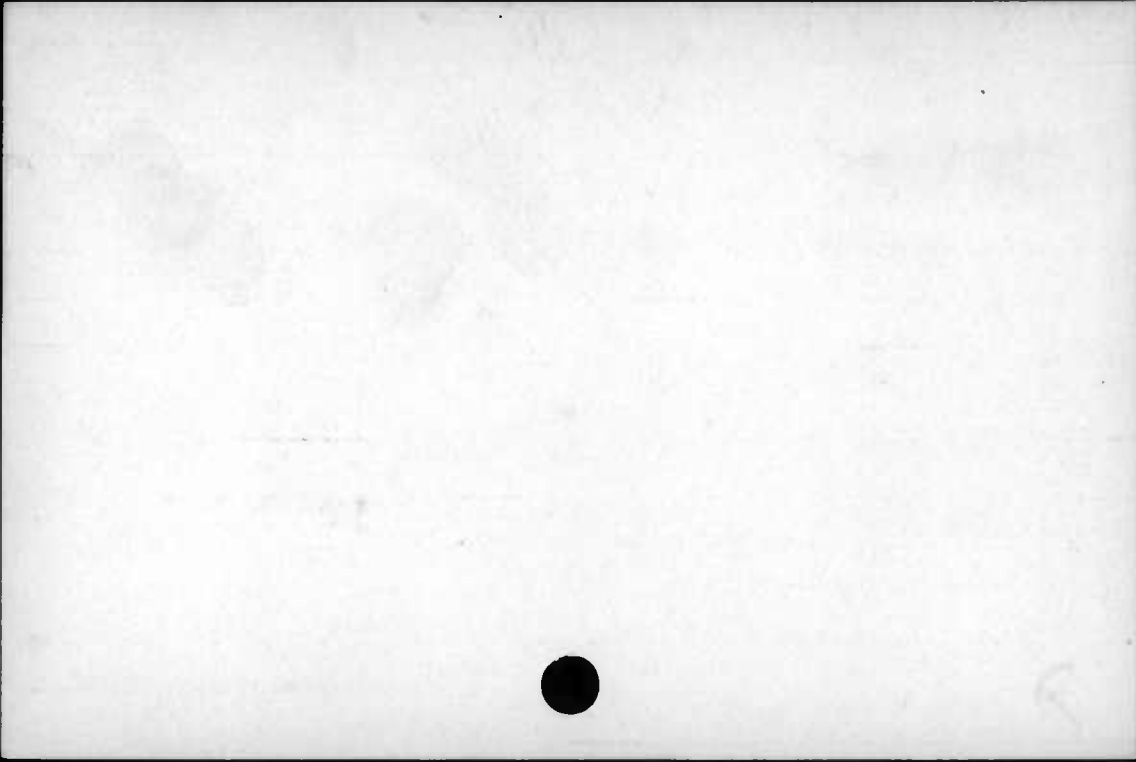
Died at <i>Mount Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Dec</i>	Day <i>22nd</i>	Age <i>65</i>	Years	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>N-C</i>			
Occupation <i>Lawyer & Ex Congressman</i>				Where Residing if not at place of death <i>Virginia N-C</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Not Known</i>					
Father's Name <i>Not Known</i>				Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>" "</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Reed, Mount Hope Retreat</i>				How related to deceased			

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Mania del (3 weeks)</i>	How long	<i>abt 9 or 14 yrs -</i>
Immediate	<i>Ex-Pleuritis & Hippoclastic</i>	How long	<i>3 or 4 days -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Frank J. January 1908</i>	
		Address	
		<i>Mount Hope Retreat</i>	
		<i>Mount Hope Md.</i>	
Accident or Suicide?			



Name
in
Full

Sena E. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gardenville		County Balto.		MARYLAND	
Date of death 190	7	Month Dec.	27	Day	Age	Years	Months 3
Sex female		Color or Race		white		Birth- place	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name		Bryner M. Smith		Father's Birthplace		Pa.	
Mother's Maiden Name		Sena Clayton		Mother's Birthplace		Md.	
Name of person giving In formation		Bryner M. Smith		How related to deceased			

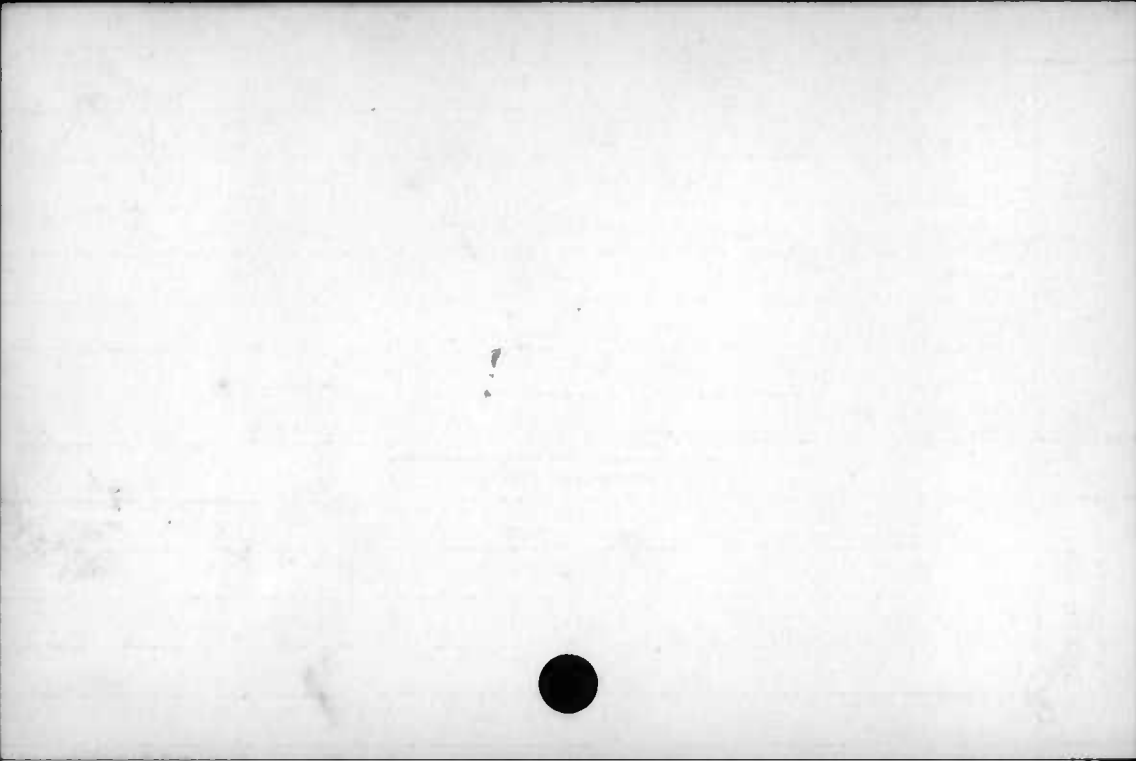
CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Pneumonia (Pneumo)	How long	6 days
Immediate	Dyspnea	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

Joseph B Webster MD
Raspbury Ind.



Name
in
Full

CERTIFICATE OF DEATH

John Callum Southcoub

Town

County

Died at

Gardenville

Baltimore

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 1907

12

6

3

4

Sex

M.

Color or
Race

White

Birth-
place

Baltimore City

Occupation

Where Residing (if not
at place of death)Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles H. Southcoub

Father's
Birthplace

Balt. City

Mother's
Maiden Name

Bertha M. Kittelband

Mother's
Birthplace

Balt. City

Name of person giving
In formation

Chas. H. Southcoub

How related
to deceased

Father

CAUSES OF DEATH

9

Primary

Pharyngeal + Laryngeal diphtheria

How long

7 days.

Immediate

Pulmonary Oedema from Cardiac dilatation

How long

12 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. L. Wilkinson, M.D.

Address

Racineburg Md.

Accident or Suicide?

Joseph Cook
Balto. Society

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

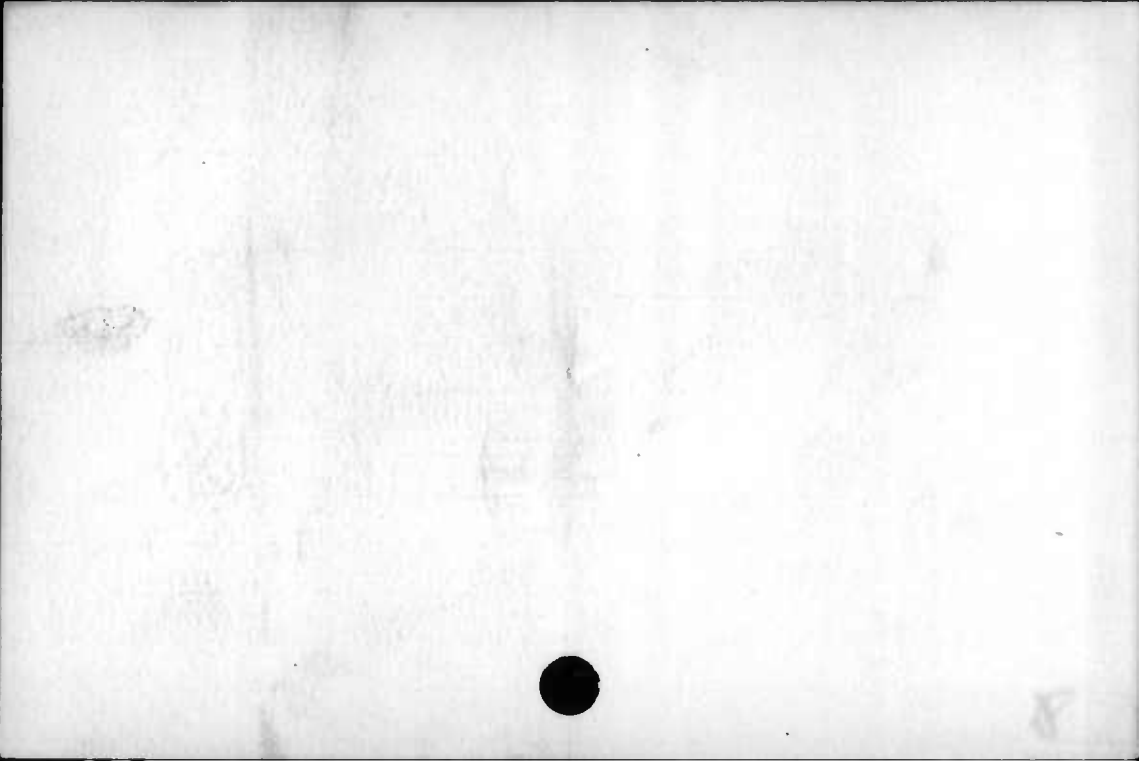
Name in Full <i>Jacob James Stinson</i>		Town <i>Moukton</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Moukton</i>							
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>23</i>	Age <i>51</i>	Years <i>2</i>	Months <i>23</i>	Days <i>23</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Patto Co</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Jane Bryan</i>			How related to deceased <i>Acquaintance</i>				

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Presumably Pneumonia about 10 days</i>	How long <i>about 10 days</i>
Immediate <i>Heart Failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. R. Mitchell</i>
	Address <i>Moukton, Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
in
Full

Still born child of Frank &

Storm

CERTIFICATE OF DEATH

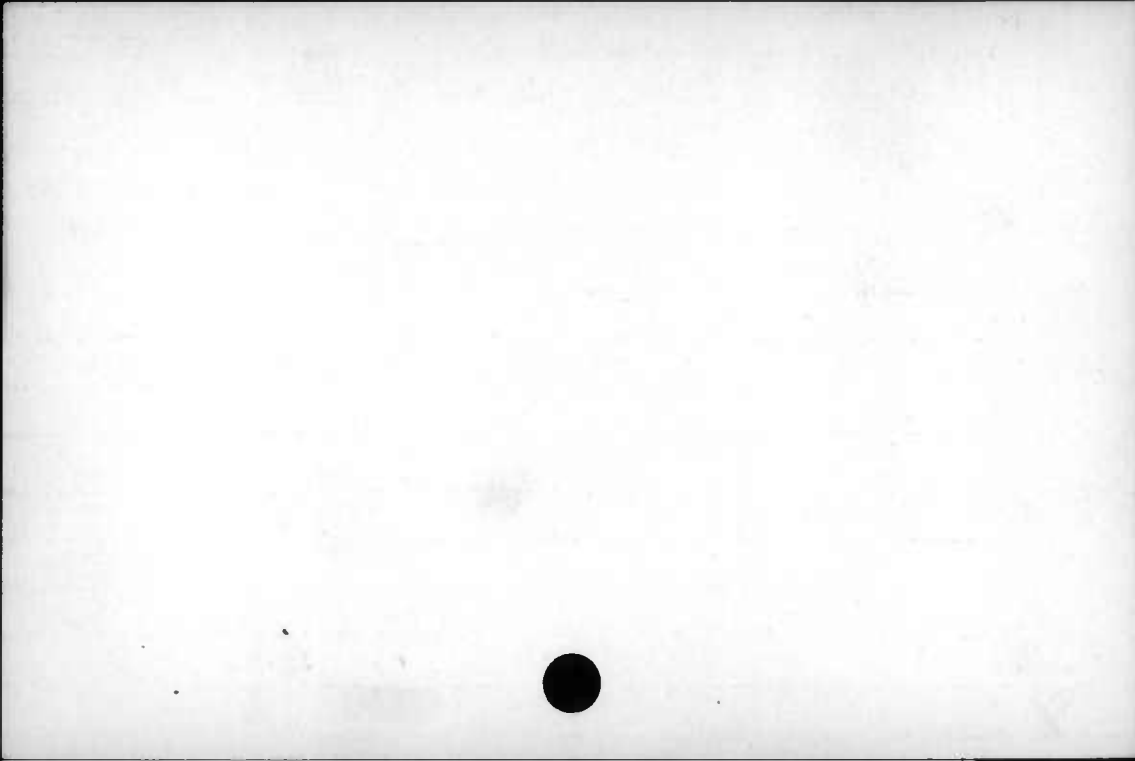
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	1		—	—	—
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name		Father's Birthplace					
Frank Storm		Md					
Mother's Maiden Name		Mother's Birthplace					
Heintzman		Md					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Breech Presentation & Dystocia	How long	Several hours
Immediate	Pressure on Umbilical Cord	How long	During delivery
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		H. M. Taylor	
		Address	
		[Redacted]	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		Ball & Co		MARYLAND	
Date of death	1907	Month	Dec	Day	28	Age	83
Sex	Male		Color or Race	White		Birth-place	Ireland
Occupation	Name			Where Residing if not at place of death		Athol Ave	
Married, Single or Widowed	Married		Name of Wife or Husband		-		
Father's Name	James Sweeney					Father's Birthplace	Ireland
Mother's Maiden Name	-					Mother's Birthplace	-
Name of person giving information	James Sweeney					How related to deceased	-

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	Old Age	How long	Indefinite
Immediate	Heart Failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	N. W. Jones M.D.
		Address	Dorsey Ave.
Accident or Suicide?	No		

John J. Cavan

Name
in
Full

Alice, Claire Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	10	3		5	24
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	Child m			Where Residing if not at place of death	Woodlawn		
Married, Single or Widowed	Single		Name of Wife or Husband	not married			
Father's Name	Clara S. Thomas				Father's Birthplace	Md	
Mother's Maiden Name	Mary Sully				Mother's Birthplace	Md	
Name of person giving information	Mary Thomas				How related to deceased	mother	

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary	Scarlet Fever (107)	How long	1 day.
Immediate	Convulsion	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		M. B. Cox	
		Address	
		Arlington	
Accident or Suicide?			

St. Charles Cemetery
Pikesville

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1093.

Dr. Haylor

Name
in
Full

Virginia Treadwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bosley's</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	<i>12</i>	<i>13</i>	Age	<i>69</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Bosley's</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Wm. Treadwell</i>			
Father's Name	<i>Wm. Wynn</i>			Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name	<i>Sarah Perine</i>			Mother's Birthplace	<i>Balto. Co.</i>
Name of person giving information	<i>Wm. Treadwell</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Endo-Carditis</i>	How long	<i>2 Years</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Boston Green M.D.</i>
		Address	<i>Lowson Md.</i>

Accident or Suicide

John Burns Sons
Lawson
Prospect Hill
Cen

Name in Full		Ellen Lisle Turnbull				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Auburn</u> Town		<u>Baltimore</u> County		MARYLAND	
		Date of death <u>1907</u> <u>Dec</u> Month		<u>19</u> Day	<u>58</u> Years	<u>5</u> Months	<u>7</u> Days
		Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Kentucky</u>	
		Occupation <u>Lady</u>		Where Residing If not at place of death <u>Auburn</u>			
		Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Henry C. Turnbull Jr</u>			
		Father's Name <u>John M. Rutherford</u>		Father's Birthplace <u>Kentucky</u>			
		Mother's Maiden Name <u>Charlotte Leland</u>		Mother's Birthplace <u>Kentucky</u>			
Name of person giving information <u>W. H. Turnbull</u>				How related to deceased <u>Husband</u>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">10</div>							
PHYSICIAN OR CORONER		Primary <u>Goitre - Heart - Grippe</u>				How long <u>Several years</u>	
		Immediate <u>Labor Pneumonia</u>				How long <u>2 days</u>	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>R. C. Massenburg</u>	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Address <u>Towson</u>	
		Accident or Suicide? <u>Murder</u>					

Stewart Mowen Co.

213 Park Ave

Baltimore Md

Interment at

St. Johns Cemetery

Waverly

Baltimore Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seatonsville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Dec</u> ^{Day} <u>24</u> ^{Years} <u>74</u>		Months		Days	
Sex <u>Male</u>		Color or Race <u>Colo</u>		Birth-place <u>Maryland</u>	
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>X</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>unk</u>			
Mother's Maiden Name <u>"</u>		Mother's Birthplace <u>"</u>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Senile Dementia</u>	How long	<u>6 yrs.</u>
Immediate	<u>Valvular Disease of Heart</u>	How long	<u>20 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>Percy Wade</u>	
Accident or Suicide? <u>No.</u>		Address <u>Seatonsville, Md</u>	

State Royalties

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestnut Ridge</i> ^{Town}		<i>Bulter</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Dec</i>	Day <i>29</i>	Age <i>—</i>	Months <i>7</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Chestnut Ridge</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph Wampler</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Jane Barker</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Joseph Wampler</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(10)

PHYSICIAN
OR CORONER

Primary <i>To grippe</i>	How long <i>1 week</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thurman</i>
	Address <i>Glyndon Ind</i>
Accident or Suicide? <i>—</i>	

To be Burrell at

Leheston Ridge to be made

Name
in
Full

Infant of Chas. Weber.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lansdowne</u> Town		<u>Balt</u> County		MARYLAND	
Date of death 190	Month <u>Dec</u>	Day <u>22</u>	Age <u>—</u>	Months	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Lansdowne, Md</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Charles Weber</u>	Father's Birthplace <u>Balt. Md</u>				
Mother's Maiden Name <u>Eva Horning</u>	Mother's Birthplace <u>Balt. Md</u>				
Name of person giving information <u>Chas. Weber</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Premature Birth.</u>	How long <u>(6 1/2 months)</u>
Immediate <u>Exhaustion</u>	How long <u>1 Day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank H. Ruhl</u>
	Address <u>Lansdowne Balt. Md</u>
Accident or Suicide? <u>—</u>	

Knell & Sons
Holy Cross.
Cumbria

Name in Full		Infant of Chas. Weber				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Lansdowne		County Baltimore		State MARYLAND
	Date of death		1907	Month Dec	Day 23	Age Years X	Months X Days 4
	Sex		Female		Color or Race White		Birth-place Lansdowne, Ind.
	Occupation		Infant		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Charles Weber		Father's Birthplace Balt. Ind.		
	Mother's Maiden Name		Eva Hornung		Mother's Birthplace Balt. Ind.		
Name of person giving information		Chas. Weber		How related to deceased father.			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Premature Birth			How long (6 1/2 months)	
	Immediate		Convulsions & Exhaustion			How long 1 day	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Frank H. Ruhl		
					Address Lansdowne, Ind.		
Accident or Suicide?							

Knell & Son
Holy Cross
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Thomas H. Wheeler*

Town *Sparrow Point* County *Baltimore* MARYLAND

Died at *Sparrow Point*

Date of death *1907* Month *Dec.* Day *7* Age *47* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Md.*

Occupation *Labrover* Where Residing if not at place of death *Sparrow Point*

Married, Single or Widowed *Married* Name of Wife or Husband *Maggie Wheeler*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Henry Lindray* How related to deceased *None*

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

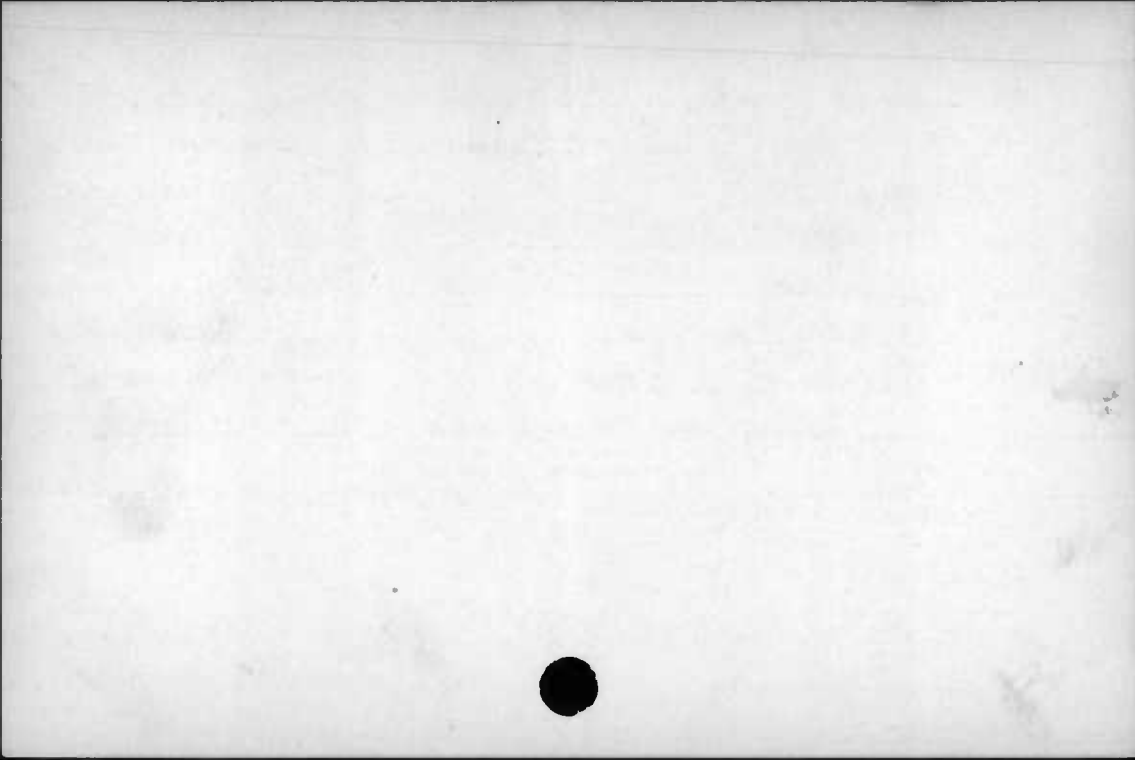
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

*Accident**For Blair J. P.*
Sparrow Point
Md



Name
in
Full

Kosa J. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

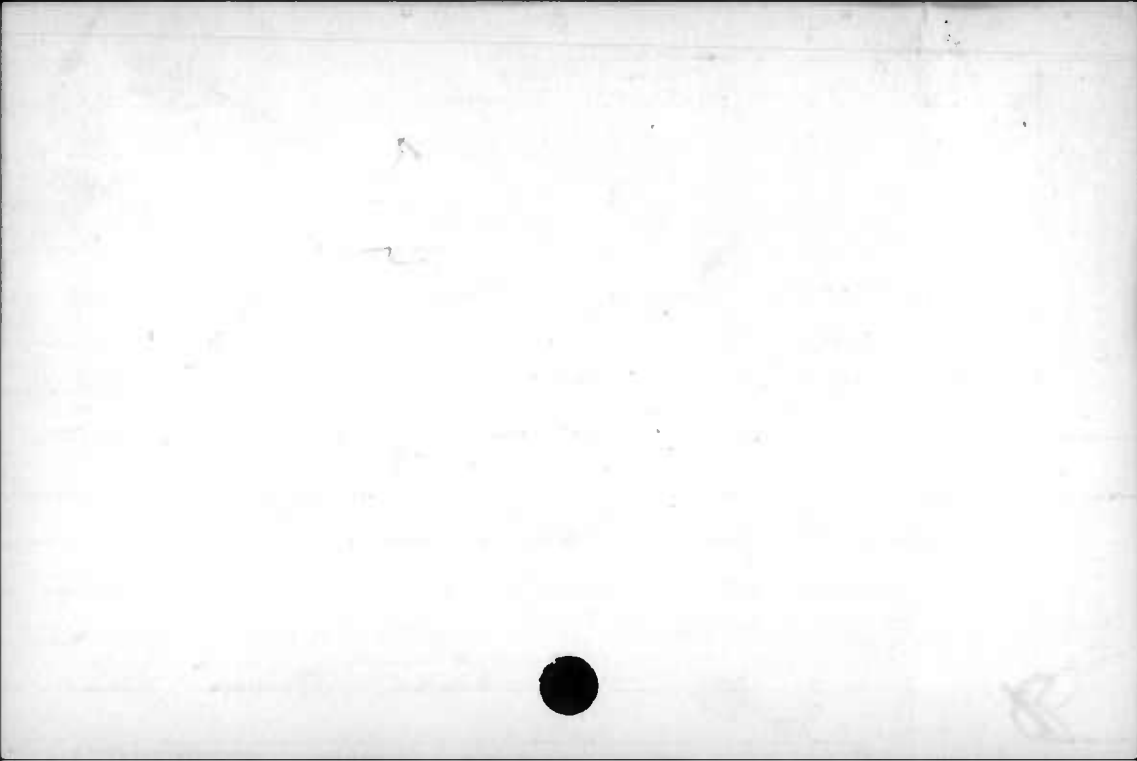
Died at 9 mile Hill ^{Town}		Balto ^{County}		MARYLAND	
Date of death 1907	Month Dec	Day 21	Age 30	Years 30	Months no
Sex Female	Color or Race White		Birth-place Maryland		
Occupation House Keeper		Where Residing if not at place of death 9 mile Hill			
Married, Single or Widowed Married	Name of Wife or Husband Avery T White				
Father's Name Fredrick Kenna	Father's Birthplace Germany		Mother's Birthplace Maryland		
Mother's Maiden Name Mary K Kenna	How related to deceased brother		Name of person giving information Mary C. Seimback		

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 3 days.
Immediate Heart failure	How long 36 hours
Are the same, age, sex, color, date and place correctly given above?	Signature of Physician W.C. Ford
	Address Gillicott City Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Ellie Whitehurst		Town Town		County Baltimore		MARYLAND	
Died at Sheppard & Church Streets		Month Dec		Day 15		Years 60	
Date of death 1907		Months —		Days —			
Sex Female		Color or Race White		Birth-place Va			
Occupation None		Where Residing if not at place of death Norfolk Va					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Jesse Whitehurst		Father's Birthplace Va					
Mother's Maiden Name Lucinda Montague		Mother's Birthplace Va					
Name of person giving information Ed Brink		How related to deceased Physician					

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	Sudden Excitement Pericardial Anemia	How long 2 yrs
Immediate	Cardiac Paralysis	How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Edmund Brink
		Address Sheppard & Church Streets Norfolk Town Md
Accident or Suicide? No		

W. J. Pickens & Sons
for Albert Owens

Place of Burial
Norfolk. Va

Name

in Full

Annora Blanch Wiley

CERTIFICATE OF DEATH

Died at *White* ^{Town} *Hall**Bullo* ^{County}

MARYLAND

Date of death *1907* ^{Month} *12* ^{Day} *21* ^{Age} *4* ^{Years} *4* ^{Months} *4* ^{Days} *28*Sex *Female* Color or Race *White* Birth-place *Harford Md*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Wm F Wiley* Father's Birthplace *Harford Md*Mother's Maiden Name *Hanna C Pennington* Mother's Birthplace *Harford Md*Name of person giving information *Hanna C Wiley* How related to deceased *Mother*

CAUSES OF DEATH

9

Primary *Diphtheria* How long *12 days*Immediate *Convulsions* How long *7 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*T. R. Payne**Corbett*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

S.M. Kirkwood
Bethel Conn.
Dec. 23/1907

Name
in
Full

Delia Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Mt Hope Retreat		County Beall's	
Date of death	1907	Month Dec	Day 14	Age 48	Years not known
Sex	Female		Color or Race	White	
Occupation	wife of Clerk -		Where Residing if not at place of death	Washington D.C.	
Married, Single or Widowed	Married		Name of Wife or Husband	not known	
Father's Name	not known		Father's Birthplace	not known	
Mother's Maiden Name	() ()		Mother's Birthplace	() ()	
Name of person giving information	Reed Mt Hope Retreat		How related to deceased	not at all -	

CAUSES OF DEATH

(68)

PHYSICIAN
OR CORONER

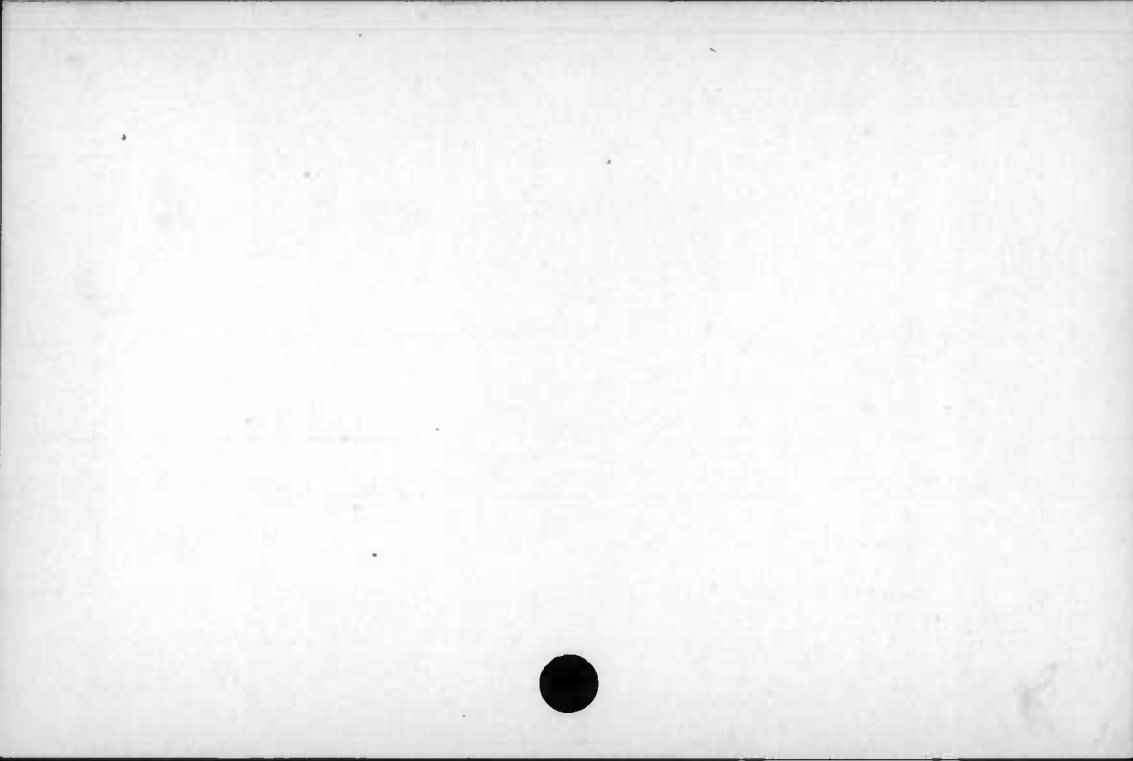
Primary	Melancholia -	How long	9 mos -
Immediate	Ex. Sarcine Moray -	How long	

Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician

Address

Frank J. Flannery
Mt Hope Retreat -

Accident or Suicide?



Name
in
Full

Sallie Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

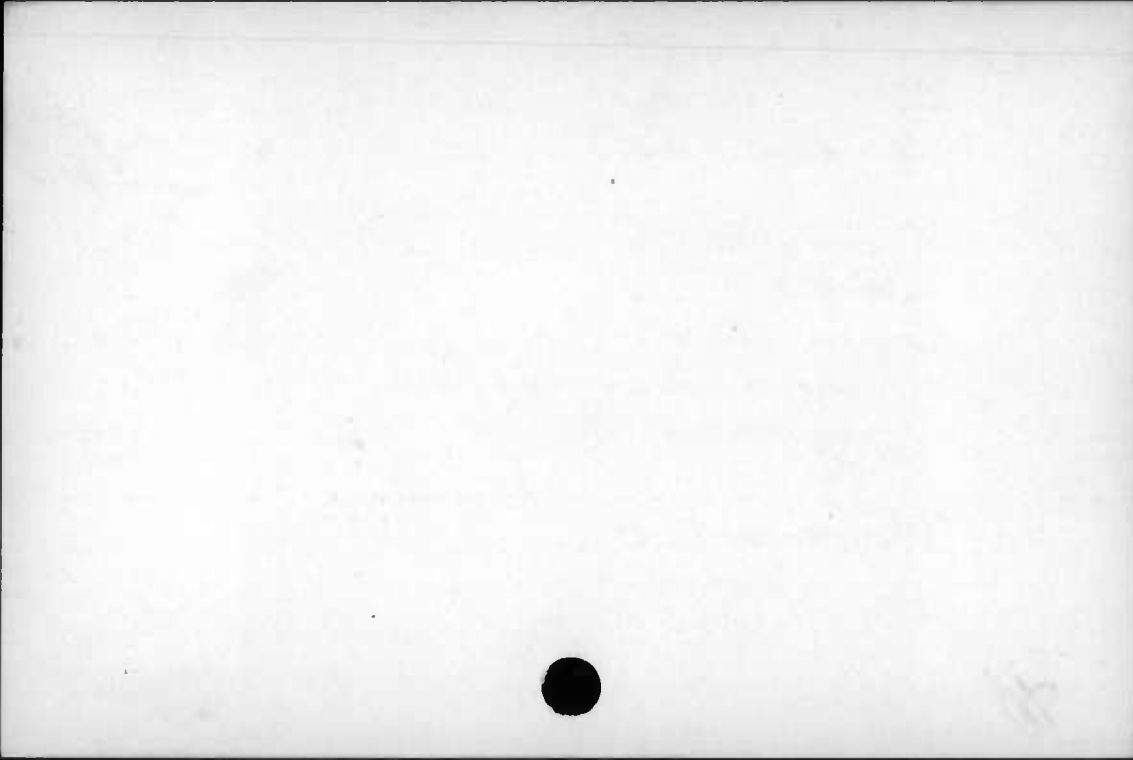
Died at <u>Freeland</u> Town		<u>Bachs</u> County		MARYLAND	
Date of death	1907	Month	Dec.	Day	23
Age		86		Years	—
Sex		Female		Color or Race	White
Occupation		—		Birth-place	Md —
Where Residing if not at place of death		—			
Married, Single or Widowed	Widowed		Name of Wife or Husband	—	
Father's Name	William R. Riser		Father's Birthplace	Md	
Mother's Maiden Name	Nathaniel Riser		Mother's Birthplace	Md	
Name of person giving information	Bonnie M. Mcelroy		How related to deceased	Granddaughter	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Valvular Dis. of Heart. Artery</u>	How long	<u>6 months</u>
Immediate	<u>Pneumonia</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>Geo. S. Rardison</u>
Address		<u>Freeland</u>	
Accident or Suicide?		<u>Bach. G. M.</u>	



Name
in
Full

Louis. A. Witte Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roland Park</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1907 Dec 23</u> <small>Month Day</small>		Age <u>23</u> <small>Years</small>		Months <u>3 weeks</u> Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Roland Park</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>717 Roland Ave</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Louis A Witte</u>		Father's Birthplace <u>Balto.</u>			
Mother's Maiden Name <u>Elizabeth Dannenfelser</u>		Mother's Birthplace <u>Balto</u>			
Name of person giving information <u>Louis A. Witte</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary <u>Marasmus.</u>	How long <u>Since birth</u>
Immediate <u>Spasms</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Edw. H. Gordon</u>
<input checked="" type="checkbox"/> Accident or Suicide?	Address <u>1403 W. Fayette St</u>
	<u>Balto</u>

C. Schloman & Son

St. Mary's Cross

Hampden

Name
in
Full

Annie Winsett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Sherwood</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	^{Month} <i>Dec</i>	^{Day} <i>13</i>	^{Years} <i>65</i>	^{Months} <i>—</i>	^{Days} <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co.</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Sherwood Balto. Co. Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles Winsett</i>	Father's Birthplace <i>Balto. Co. Md.</i>				
Mother's Maiden Name <i>Foster Stubbins</i>	Mother's Birthplace <i>Balto. Co. Md.</i>				
Name of person giving information <i>Lizzie Winsett</i>	How related to deceased <i>Sister-in-law</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic heart trouble</i>	How long <i>Several months</i>
Immediate <i>Heart Failure</i>	How long <i>as not known exactly how long</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. L. Smith</i>
	Address <i>Rider, Md.</i>
Accident or Suicide? <i>—</i>	

Lily Burns
Lowry
Sater, Conn.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

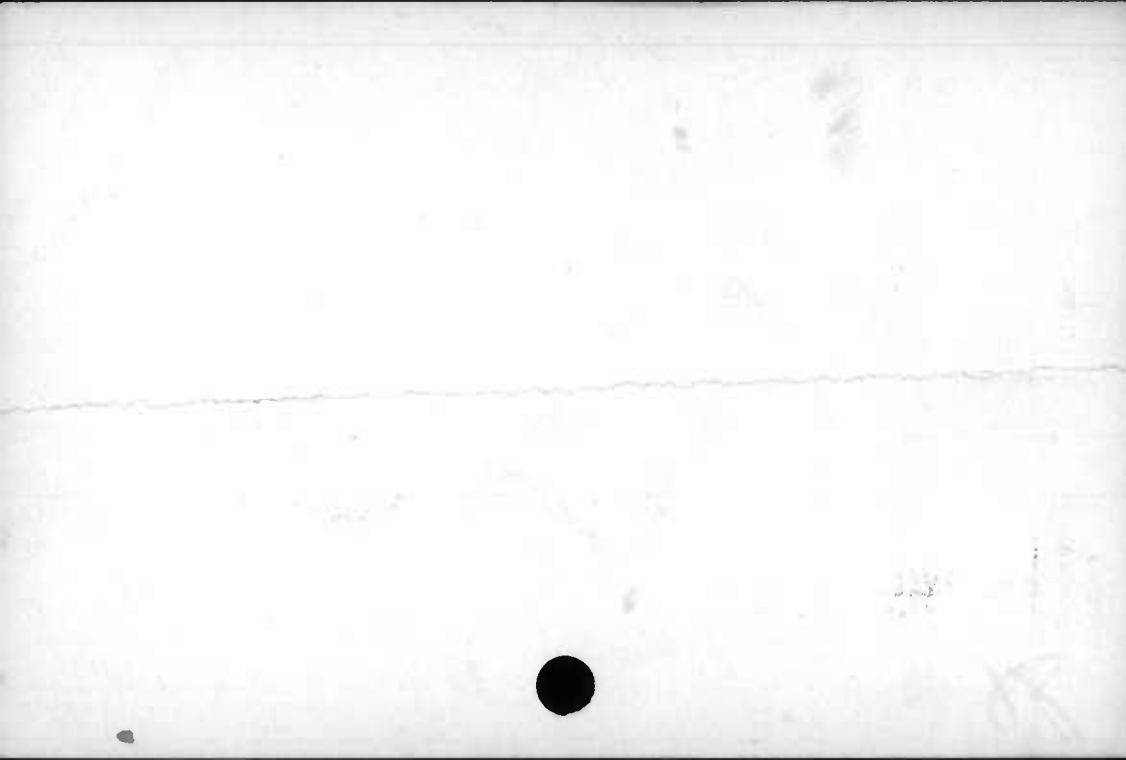
Died at <i>Carney</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>28</i>	Age <i>42</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Carney, Md.</i>				
Married, Single	Name of Wife or Husband <i>William Wolters</i>				
Father's Name <i>Bolfrass</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Husband</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 weeks</i>
Immediate <i>Heart failure</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>David J. Reinhardt M.D.</i>
<i>X</i> Accident or Suicide? <i>neither</i>	Address <i>211 E. Biddle St.</i>
	<i>Baltimore City</i>



Name
in
Full

Catherine P. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

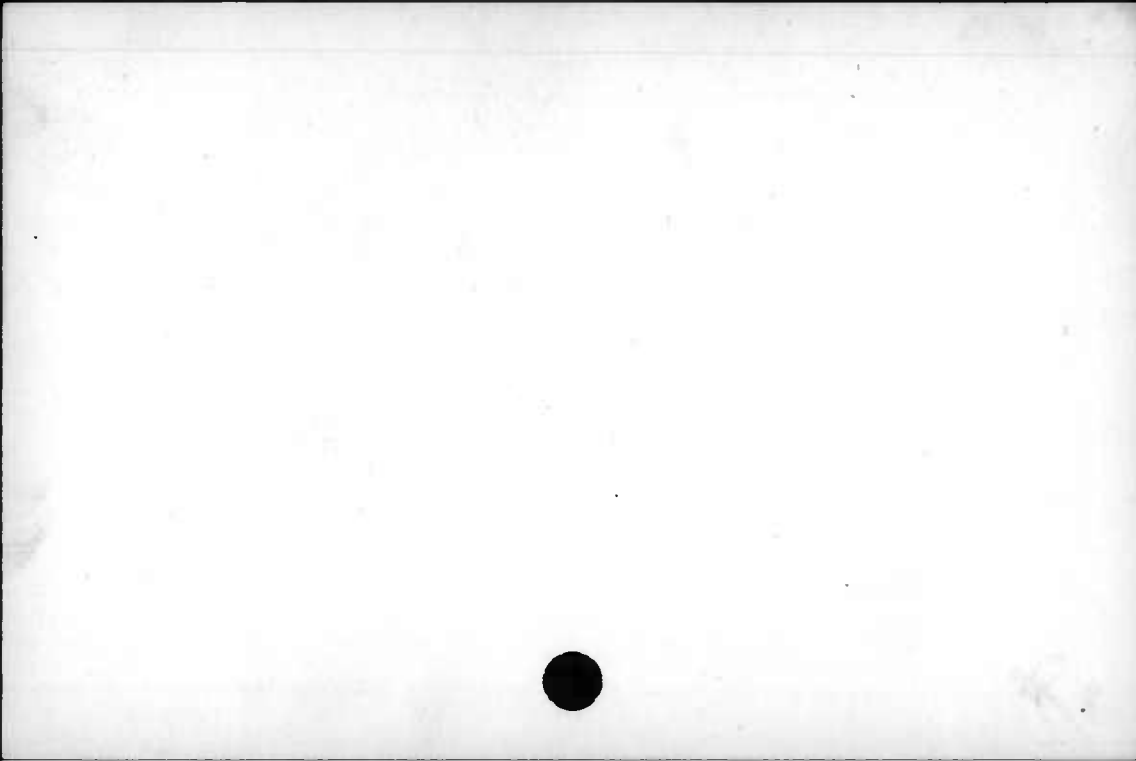
Died at ^{Town} near <i>Woodlawn</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Dec.	Day	8
Age		88		Months	—
Sex		Female		Color or Race	White
Birth-place		Maryland			
Occupation		Retired Housewife			
Where Residing if not at place of death		—			
Married, Single or Widowed	Widow		Name of Husband	Joseph H. Wright, deceased	
Father's Name	Thomas Hartley		Father's Birthplace	Pennsylvania	
Mother's Maiden Name	Elizabeth Parson		Mother's Birthplace	Pennsylvania	
Name of person giving information	George W. Hancock		How related to deceased	Nephew	

CAUSES OF DEATH

11374

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	
Immediate	<i>Asthenia</i>	How long	<i>3 years</i>
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>Wm. B. Sambrill</i>
		Address	<i>Ellicott City, Md.</i>
Accident or Suicide			



Name
in
Full

Miriam E. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Arleyton* Town*Baltimore* CountyDate of death *1901* Month *Dec*Day *6*Age *1* YearsMonths *9*Days *10*Sex *Female*Color or Race *White*Birth-place *Baltimore*Occupation *—*Where Residing if not at place of death *Arleyton*Married, Single or Widowed *—*Name of Wife or Husband *None*Father's Name *William McK Wright*Father's Birthplace *Md*Mother's Maiden Name *Miriam Anderson*Mother's Birthplace *Md*Name of person giving information *Father*

How related to deceased

CAUSES OF DEATH

150

PHYSICIAN
OR CORONERPrimary Cause *Constitutional weakness of Heart*How long *3 months*Immediate Cause *Heart Failure*How long *one hour*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Ben W Wells*Address *Arleyton Md*

Accident or Suicide?

Hoodlawn.

Jos. B. Cook

Name
in
Full

Alexander, Wszak.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Grange		Grange		Balto			
Date of death	1907	Month	Dec	Day	13	Age	Years
						Months	
						Days	
Sex	Male		Color or Race	White		Birth-place	Grange
Occupation	None		Where Residing if not at place of death		Grange		
Married, Single or Widowed	Infant		Name of Wife or Husband		Infant		
Father's Name	Alexander		W S g Kel		Father's Birthplace	Austria	
Mother's Maiden Name	Mikahin		Lac		Mother's Birthplace	Germany	
Name of person giving information	Alexander Wszak		How related to deceased		Father		

CAUSES OF DEATH

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Physician
OR CORONER

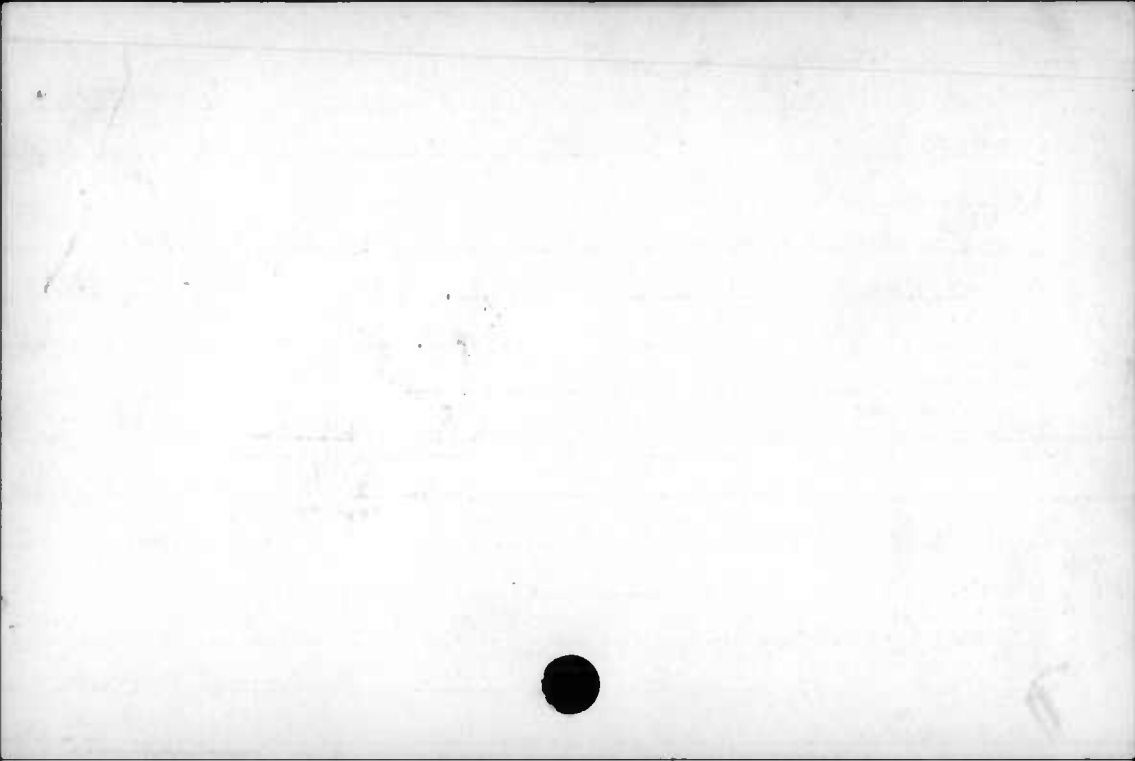
Primary	Death due to natural		How long	—
Immediate	Cause		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of	
			Sand R. Thompson Esq	
			Address	
			570 Highland Ave	
			Baltimore County Md	
Accident or Suicide?				

Jacob Fialkowski
(Undertaker)

St Stanislaus.

(place of burial)

Name in Full		Robert Young -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pimlico		County		Baltimore	
	Date of death		Month	Day	Years	Months	Days
	1907		12	21	Age	65	
	Sex	Male		Color or Race	Colored		
	Occupation	Laborer		Birth-place	unknown		
	Where Residing if not at place of death						
	Married, Single or Widowed		Name of Wife or Husband				
don't know		don't know					
PHYSICIAN OR CORONER	Father's Name	don't know				Father's Birthplace	—
	Mother's Maiden Name	don't know				Mother's Birthplace	—
	Name of person giving information	Yes. A. Billups				How related to deceased	none
	CAUSES OF DEATH						(93)
	Primary	Pneumonia				How long	3 weeks -
Immediate	Bronchopneumonia				How long	that failed	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Wm D. Wells			
				Address			
				Park Heights Ave			
				Arlington			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Lewis Zaff-* Town *Mt Hope Retreat* County *Balto*

Died at *Mt Hope Retreat*

Date of death 1907 *DE* Month *22* Day *46* Years *not known* Months *unknown* Days

Sex *Male* Color or Race *White* Birth-place *Balto Md -*

Occupation *Blacksmith* Where Residing if not at place of death *Balto Md -*

Married, Single or Widowed *Married* Name of Wife or Husband *not known*

Father's Name *not known* Father's Birthplace *_____*

Mother's Maiden Name *''* Mother's Birthplace *_____*

Name of person giving information *Recd Mt Hope Retreat* How related to deceased *_____*

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary *Melancholia -* How long *abt 20 mos -*

Immediate *Ex - Paralysis -* How long *3 mos*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank J. Lanney*

Address *Mt Hope Retreat*

Accident or Suicide? *_____*

